Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	O TRAN	SPORT O	IL AND NAT	URAL GA	<u>.S</u>	Dt M-			
perator		Well API No.								
Clayton W. Williams, Jr., Inc.					30-025-09312					
Idress Six Desta Drive, Suite	3000 <b>M</b> 441	and. Texa	as 79705							
eason(s) for Filing (Check proper box)		u, 10A		XX Othe	r (Please expla	in)		-		
ew Well			ransporter of:		e July 1,	1991				
scotta a ucu	OT 11	ם <u>□</u>	rry Cae 🔄					· ·		
hange in Operator XX	Casinghead		ondensate							
change of operator give name	1 J. Rasmus	sen Oper	ating Inc.,	, Six Desta	Drive, Sui	te 2700,	Midland,	Texas 7970	05	
a addit 3: of previous operator										
. DESCRIPTION OF WELL		Well No. P	lool Name Inch	iding Formation (	Pro Gasl	Kind o	of Lease	Le	ase No.	
ease it me		1		sill Yt Seve		State,	Feedmank and Fee	•		
State A A/C 1		. 02	varmae run.	3111 10 30 0						
D		660 F	eet From The	North Lin	and 198	80 Fe	et From The	<u>E</u> ist_	Line	
Unit Letter	i	<u> </u>	taa i ioni ine _							
Section 11 Towns	ship	23S F	Cange	36E , N	MPM,	Lea			Cou <sub>k</sub> †y	
II. DESIGNATION OF TRA	NSPORTE	R OF OU	AND NAT	URAL GAS	e address to wh	ich approved	copy of this f	oran is to be se	:nt)	
Name of Authorized Transporter of Oil		or Condensa	XX	1	30, Houstor					
Texas New Mexico Pipelin		·[	or Dry Gas XX	Address /Gis	e address to wh	ich approved	copy of this	form is to be se	ent)	
Name of Authorized Transporter of Cas Xcel Gas Company	MILE DESCRIPTION	السا	2., <del>4.</del>	Six Dest	a Drive, Si	uite 5700	, Midland	, Texas 79	705	
If well produces oil or liquids,	Unit	Sec.	Twp. R		y connected?	When				
ive location of tanks.	i	į	<u> </u>			l				
this production is commingled with th	at from any oth	er lease or po	ool, give commi	ngling order num	ber:			<del></del>		
V. COMPLETION DATA					<u>,</u>		1 - 5 .	lo Porto	rest Basin	
D. James T. and Committee	· (V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic		J. Benderte V	Prod	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<del></del>		
ate Spudded Date Compl. Ready to Prod.				. Jan Deput	- Come Depart			F.D. L.D.		
vations (DF RKB. RT. GR. etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation										
Perforations							Depth Casi	ng Shoe		
							<u> </u>	<u> </u>		
					CEMENTING RECORD					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQU	EST FOR	TIOWA	RLE							
	er recovery of to	nal volume o	of load oil and m	rust be equal to o	r exceed top all	lowable for th	is depth or be	for full 24 ho	wrs.)	
OIL WELL (Test must be aft Date First New Oil Run To Tank	Date of Te		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Producing N	lethod (Flow, p	ump, gas lift,	etc.)			
Date Fila New On Nat 10 1	2									
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size		
_ <b>J</b>					Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			Water - Bbl						
GAS WELL								Condenses		
Actual Prod. Test - MCF/D					Bbls. Condensate/MMCF			Gravity of Condensate		
			<del></del>	Carlos Barre	Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)			Casing Pres	Casing Pressure (Snut-in)					
VI. OPERATOR CERTIF	FICATE OF	F COMP	LIANCE			NSFR	/ATIΩN	DIVISI	QΝ	
I hereby certify that the rules and r	egulations of the	e Oil Conser	vation		OIL CO		JU	197	<b>191</b>	
Division have been complied with is true and complete to the best of	and that the info	ormation give	ED ADOVE	- 11				•	- 🕶 🕶	
				Dat	e Approv	ea				
Donathea	Omen	2-		_	<b>OBIGIN</b>	AL CUMBIC		V GEVYAN		
Signature				- ∥ By.			SUPERVIS	Y SEXTON		
Dorothea Owens	Regula	tory Ana		_	•					
Printed Name	4.4		Title	Titl	e <u>·</u>		• .		- AR	
June 7, 1991	(915)	682-6324	phone No.	-						
Date		ા દાદ	SPERIOR INC.	- 11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.