Submit 5 Copies
Appropriate District Offica
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I	T	OTRA	NSF	ORT OIL	AND NA	TURAL GA					
Operator						Weil API No.					
Clayton W. Williams, J	30-025-09314										
Address Six Desta Drive, Suite	3000. Mi	dland.	Texa	s 79705							
Reason(s) for Filing (Check proper box)		<u>-</u>			<u>ξχ</u> Oth	t (Please expia	UI)				
New Well		Change in	Transp	porter of:					•		
Recompletion	Oil		Dry C	Gas 🗌	effecti	effective July 1, 1991					
Change in Operator XX	Camphead	Gas 🔲	Cond	en sate				1		• •	
If change of operator give name					. D i . O		- 2700 M	idland T	0416 7070	5	
and address of previous operator Hall	Rasmuss	en Opei	catin S	d tuc	<u>IX UPSLA II</u>	rive. Suite	<u>e 27.00. 19</u>	iniano	EXTZ-731T	2	
II. DESCRIPTION OF WELL	AND LEA	SE TA	Ĵ								
rese Name Well No. Pool Name, Includ								of Lease		Lease No.	
State A A/C 1		68	Lan	glie Matt	ix Seven Rvs. Queen GB			F XXXX XXXX	K XXXX XXXXX		
Location											
Unit Letter A	: 990		Feet l	From The	North Lin	990) Fe	et From The .	Eas	stLine *	
Section 11 Townshi	p 23	3S	Rang	e	36E , NI	мрм,	Lea	 		County	
III. DESIGNATION OF TRAN				ND NATU	RAL GAS			ann of this f			
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Texas New Mexico Pipeline	y Gas	Box 42130, Houston, Texas 77242									
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent) Six Desta Drive, Suite 5700, Midland, Texas 79705										
	Xcel Gas Company										
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is das scoran	y connected:	I when	:			
	<u> </u>	- 1			line order numi						
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or	poor, g	sive countring	ing order nmu						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v	
Designate Type of Completion	- (X)	I OII WEI	' ¦	Oas Well	I New Well	1	l Dacher			l l	
Date Spudded		Ready to	o Prod.		Total Depth	1		P.B.T.D.	J		
Date Spotson		Date Compi. Ready to Prod.									
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	educing F	omatic	>0	Top Oil/Gas	Pay		Tubing Dep	th .		
Perforations								Depth Casir	ng Shoe		
•											
	CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET SACKS CEMENT						
		-							···		
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	E							
OIL WELL (Test must be after	recovery of lol	al volume	of loa	d oil and mus					for full 24 ho	<u>ws;</u>	
Date First New Oil Run To Tank	Date of Tes	t			Producing M	ethod (Flow, pu	ump, gas lift,	elc.)			
1	Tubing Pressure							Choke Size			
Length of Test					Casing Pressure			C.ORE GILL			
<u> </u>	<u> </u>					Wiscon Dhia			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			- 11101			
	_:										
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	esi			Bbis. Conde	BEWMMCF		Gravity of	Condensate		
					! ! !	1			!		
Testing Method (puot, back pr.)	ot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
the same than th											
VI. OPERATOR CERTIFIC	ATE OF	COM	PI I A	MCE	7						
I hereby certify that the rules and regu						OIL CON	ISERV				
Division have been complied with and	that the infor	mation gr	ven abo	ove					; 9 19 0	43	
is true and complete to the best of my	knowledge an	d belief.			Date	Approve	d	* - !- -	> 2. Gen	··· u	
						pp. 0 ve					
Donathe	a Ome	no			D.,	ORIGINA	LOGALED	ev (cesv	CEYTAN		
Signature					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Dorothea Owens	Regulator	y Anal				1 144		DLEK A12C	rK		
Printed Name	(015) 500	6224	Tiue	;	Title	****	•				
June 7, 1991	<u>(915) 682</u>		ephon	. No.	li .						
Date		16			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.