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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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

·•	T	O TRANS	PORT OIL	AND NAT	UHAL GA	<u>S</u>	DI No	· · · · · · · · · · · · · · · · · · ·	
Operator	Well API No. 30-025-09317								
Clayton W. Williams, J		30-025-09317							
Address Six Desta Drive, Suite	3000 M4	dland Tev	as 79705						
Reason(s) for Filing (Check proper box)	3000, 1911	urand, rex		XX Othe	(Please expiai	n)			
New Well		Change in Trai	nsporter of:	_				•	
Recompletion	Oil		Gas 🗆	effectiv	re July 1,	1991			
Thange in Operator	Casinghia	tias 🔲 to	್ಷ ಚಿತ್ರಾಯ						
change of operator give name		0	ing Inc. Si	v Decta D	rive "Smite	2700 . M:	idland. Te	xas 79705	
ad address of previous operator HALL	Kasmuss	<u>en uperaro</u>	Cy du -	Land S. S. Jan. S.	المنظمة المنظم	action, days to be a control of	Д.		
I. DESCRIPTION OF WELL	AND LEA	<u>se</u>		i. Matematika (m. 1944) Matematika (m. 1944)	taras form malkalassafamente	Kind o			ata No.
Lease Name			ol Name, Includin			10	ENCENTRY FRO		our men
State A A/C 1		92L	anglie Matti	7 28AGII R	os. Queen v	30 444		·	
Location		660 =	E From The N	orth Lea	660	) Fa	of From The	West	Line
Unit LeverD	_ :	_660Fe	a from the <u>th</u>	OT CIT LINE	*BG		stillom tuo 1		
Section 11 Townshi	19	23S. Ra	nge 3	6E , <b>N</b> N	IPM,	Lea			County
II. DESIGNATION OF TRAN				CAL GAS	address to wh		come of this 6	nen e ta a con	
Name of Authorized Transporter of Oil	XX	or Condensate						<b>// // 10 80 // // /</b>	,
Texas New Mexico Pipeline	Dry Gas	Box 42130, Houston, Texas 77242    Address (Give address to which approved copy of this form as An in 1801)							
Name of Authorized Transporter of Casia	Six Desta Drive, Suite 5700, Midland, Joxes 79705								
Xcel Gas Company  If well produces oil or liquids,	Unit	Sec. Tv	va. Rge.	ls gas actually		When		<b></b>	-
give location of tanks.			, i				<u></u>	de companya de la compa	
f this production is commingled with that	from any other	er lease or poe	i, give commungli	ng order numi	er:			e	.,
IV. COMPLETION DATA						,	·		
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Resiv	Oiff Resv
Designate Type of Completion		1		Total Depth	L	L	P.B.T. <b>D</b> .	L	
Date Spudded	Date Comp	i. Ready to Pr	<b>00</b> L				. 1 . 1 . 1 . 1 . 1 .		
Flevauons (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing Depth					
Elevations (DF, RKB, RT, GR, etc.)	1142116 04 11			į		_			
Perforations							Depth Casir	ng Shoe	
		TUBING, CASING AND CEMENTING RECORD  SACKS CEMENT  SACKS CEMENT							
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEM								
	<del>-                                    </del>						<del> </del>		
	<u> </u>								
V. TEST DATA AND REQUE	ST FOR A	LLOWAE	BLE						
OIL WELL Test must be after	recovery of 10	nal volume of	load oil and must	be equal to o	exceed top all	owable for th	is depth or be	for full 24 hou	<u> </u>
Date First New Oil Run To Tank	Date of Te			Producing M	ethod (Flow, p	<b>ump</b> , gas (y).	elc.j		
				Casing Press	117		Choke Size	:	
Length of Test	Tubing Pro	TURK	•	·					
D. J. D Toll			Water - Bbis. Gas- MCF						
Actual Prod. During Test	Oil - Bbls.								
				•					
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		Bbls. Conde	new MMCF		Gravity of	Condensate	
ACCIDI PTOD. 168 - MCP/D	TERES OF			i					
Tesung Method (puos, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	eure (Shut-in)		Choke Siz	<b>:</b>	
I would around the control of the co					,,		 	<del> </del>	
VI. OPERATOR CERTIFIC	CATE O	COMPL	LANCE		OIL COI	Needy	/ATION	DIVICI	ON!
I hereby certify that the rules and res	ulations of the	e Oil Conserva	uoe		OIL COI				
Division have been complied with an	ed that the info	DUMPHOE SIAGE	above					3 1991	
is true and complete to the best of m	A Knowledge	and belief.		Dat	e Approve	ed			
Craother Omens							***	ngy sexto	N
	men	<u> </u>		∥ By.	<del>- CRIG</del>	<del>(************************************</del>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Signature Dorothea Owens	Regulato	ry Analys				E. A. Carrier		<del>*</del>	
Printed Name		•	Tide	Title	e				
June 7, 1991	(915) 68		hone Nin	11					
Date		l'elep	hone No.	H					

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.