Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

the grant of

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., Aztec, NM 87410

I.	REQUES				AUTHOR					
Operator						Well API No.				
Clayton W. Williams, Jr., Inc.						30-025- 09358				
Address										
Six Desta Drive, Suite Reason(s) for Filing (Check proper box)	3000, Midlan	d, Texas	79705			 				
New Well	Other (Please explain)									
Recompletion	Oil	nge in Transp Dry G		effecti	ve July 1,	1991				
Change in Operator	Casinghead Gas									
If change of operator give name and address of previous operator	Hal J. Rasmus	sen Opera	ting Inc	., Six De	sta Drive,	Suite 270	O, Midland	, Texas	79705	
II. DESCRIPTION OF WELL		TA								
State A A/C 1	Well			ling Formation ill Yt Se	Pro) V en Riv ers		of Lease XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		.ease No.	
Location										
Unit Letterl	:1980_	Feet F	rom The	South:	ne and1	980 F	eet From The _	East	Line	
Section 17 Townsh	i p 235	Range	36	5E , N	МРМ,	Le	a		County	
III. DESIGNATION OF TRAI			D NATU							
Name of Authorized Transporter of Oil	or Co	ondensate		Address (Gi	ve address to w	hich approved	copy of this for	rm is to be s	ent)	
Shell Pipeline Co.		Box 2648, Houston, Texas 77001								
Name of Authorized Transporter of Casin	ighead Gas	or Dry	Gas X				copy of this for			
Xcel Gas Company If well produces oil or liquids,	I II-ie Co-	Tue	1 2				O, Midland,	, Texas	79705	
give location of tanks.	Unit Sec.	Twp.	Kge.	is gas actual	ly connected?	When	. ?			
If this production is commingled with that IV. COMPLETION DATA	from any other leas	e or pool, giv	e comming	ling order num	iber:	····				
Designate Type of Completion		Well (Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe		
	TUBI	NG, CASIN	NG AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	····			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES			······				·			
OIL WELL (Test must be after r		ume of load o	il and musi					full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	ethod (Flow, pu	mp, gas lift, e	tc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	!									
Actual Prod. Test - MCF/D	Length of Test	, , , , , , , , , , , , , , , , , , ,		Bbls. Conden	sate/MMCF	·	Gravity of Con	densate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
A ODED ATOD CEDITERO	ATE OF CO	ATA LABI					·			
/I. OPERATOR CERTIFIC. I hereby certify that the rules and regular			CE		IL CON	SERVA	ATION D	IVISIO	N	
Division have been complied with and t						/				
is true and complete to the best of my k				Date	Approved	d	19	91		

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

Donother Ciner

Signature Dorothea Owens

June 7, 1991

Printed Name

Date

- 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.

Regulatory Analyst

(915) 682-6324

Title

Telephone No.

- 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.