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Appropriate D strict 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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

000 Rio Brazos Rd., Aztec, NM 87410	REQUES				LE AND AND NA				-			
perator					Well API No.							
Clayton W. Williams, J	lr., Inc.							30-0	<u> 25- 09366</u>			
Address Six Desta Drive, Suite	= 3000, Midlar	nd, Tex	as 79	9705								
Reason(s) for Filing (Check proper box					XX Ou	her (Please	explai	n)				
New Well	Ch	ange in T	•		effecti	ve July	1, 1	1991				
Recompletion	Oil		Dry Ga	$\overline{}$								
Change in Operator	Casinghead G		Conden		- -							
change of operator give name and address of previous operator	al J. Rasmusse	en Oper	rating	g Inc.,	Six Desta	Drive,	Sui	te 2700,	Midland,	Texas 797	05	
I. DESCRIPTION OF WEL	L AND LEAS	E T						T en:			ease No.	
ase Name Well No. Pool Name, Include					State 7				of Lease BedamakanxRe		ease 140.	
State A A/C 1		4	Jalm	<u>at Tansi</u>	11 Yt Sev	<u>/en_Rvrs</u>						
Location Unit LetterC	·	<u>330</u> 1	Feet Fr	om The	North Li	ne and	16	60 Fe	et From The	West	Line	
Out 2011.											County	
Section 21 Town	<u>ship</u>	235 1	Range		36F 1	NMPM,		Lea			County	
III. DESIGNATION OF TRA	ANSPORTER	OF OII	L AN	D NATU	RAL GAS	3						
Name of Authorized Transporter of Oil	l or	Condens		kx.	Address (G	ive address				orm is to be s	ent)	
Shell Pipeline Co.					Box 2648, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Ca	singhead Gas	head Gas or Dry Gas XX				Six Desta Drive, Suite 5700,						
Xcel Gas Company	Unit Se	<u> </u>	Twp.	Rge.				When		, .CAU3 /-		
If well produces oil or liquids, give location of tanks.	Unuit Se	= ∴ 	, wh	 \(\sigma^Re^	To Bee source	,	 .					
If this production is commingled with the IV. COMPLETION DATA	hat from any other	lease or p	ool, giv	ve comming	ling order nu	mber:						
		Oil Well		Gas Well	New Wel	1 Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					Total Day			L	l DRTD	L	<u> </u>	
Date Spudded	Date Compi.	Ready to	Prod.		Total Depti	1			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Ga	Top Oil/Gas Pay				Tubing Depth		
Perforations									Depth Casing Shoe			
					CEL CELE	ENIC DE	COR					
					DEPTH SET					SACKS CEMENT		
HOLE SIZE	CASI	CASING & TUBING SIZE				DEF 111 SET						
					+							
									<u> </u>			
V. TEST DATA AND REQU	JEST FOR AL	LOWA	BLE				on all	oundle for th	is death or be	for full 24 ho	urs.)	
	ter recovery of total	l volume o	of load	ou and mus	Producing	Method (Fi	op and	ump, gas lift,	elc.))/	· · · · · · · · · · · · · · · · · · ·	
Date First New Oil Run To Tank	Date of Test				1 10000 ting	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	- +/0 /	,			
Length of Test	Tubing Press	Tubing Pressure				Casing Pressure				Choke Size		
		O'I Phi				Water - Bbis.				Gas- MCF		
Actual Prod. During Test	Oil - Bbls.											
GAS WELL												
Actual Prod. Test - MCF/D	Length of Te	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate		
	Tobics B.	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size		
Testing Method (pitot, back pr.)	Inoma Liera											
VI. OPERATOR CERTIF	TCATE OF (COMP	T.IA	NCE	1				ATION	יטאוכוי	ON!	
I hereby certify that the rules and t	regulations of the O	XI Conser	vation			OIL	JOr	12FH A	AHON	DIVISI	UN	
Division have been complied with	and that the inform	nation give	en abov	ve						9 199	1	
is true and complete to the best of	my knowledge and	belief.			Da	te App	rove	d	G-6-65			
(,	6 .				Н				4,1	ji marayensa		
Ganathe	Vivena				Ву			erra e	713C	1		
Signature Dorothea Owens	Regulato	ry Ana	lyst		11	-						
Printed Name			Title		Tit	le						
June 7, 1991	(915) 68	2-6324		No								
Date		Tele	phone	140.	li .							

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.