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

State of New Mexico Er. \_\_\_, 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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<b>.</b>	T	O TRAN	<u>ISP</u>	ORT OIL	AND NAT	URAL GA				
Operator	Well API No.									
Clayton W. Williams, Jr.	<del></del>			30-02	5-09382					
Address		<b>T</b>	7	0705						
Six Desta Drive, Suite 3 Reason(s) for Filing (Check proper box)	3000, <u>Miai</u>	and, lex	xas /	9/05	XXX Othe	t (Please explai	iл)	_		
New Well	(	Change in T	'ranspo	rter of:	<del>^^</del>					
Recompletion	Oil	~—	Ory Ga		errective	July 1, 1	331			
Change in Operator	Casinghead	Gas 🗌 (	Conden	sate 🗌						
f change of operator give name	al I Pacm	uicsan Oi	nerat	ing Inc.	. Six Desi	a Drive, S	uite 2700	. Midland	l, Texas 79	9705
and addition of provious operation			perac	ing inc.	, JIX DES	,	<u> </u>			
II. DESCRIPTION OF WELL	AND LEA	SE TA				/ 0.50	201 20		7	No
Lease Name	1				<b>ng Formation</b> 11 Yt Seve	(Pro G		f Lease <del>Markkar</del> aben		ease No.
State A A/C 1		7	Jain	iac lansi	III IC JEVI	II KIVEIS				
Location		220 -		m No	nth r:	and	330 ==	e Comer The	Wes	t Line
Unit Letter	_ :	330	reet in	om the ity	1.104	100	<u> </u>	a rioni ine .		<u> </u>
Section 22 Township	<b>p</b> 23S	i	Range		36E , NI	иРМ,	Lea	L		County
III. DESIGNATION OF TRAN	SPORTER	OF OIL	L AN	D NATU	RAL GAS	<del></del>	<del></del>			
Name of Authorized Transporter of Oil		or Condens	ate	XXX	Address (Giv	e address to wh	ich approved	copy of thus f	orm is to be se	nt)
Texas New Mexico Pipel	ine Co.			<u> </u>		30 Houston			orm is to be se	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)					
Xcel Gas Company					Six Desta Drive, Suite 5700, Midland, Texas 79705  Is gas actually connected? When?					
If well produces oil or liquids, give location of tanks.	Unit   :	Sec.  ´ I	Twp.	Rge.	10 Bus serially	, wanted:	1	-		
If this production is commingled with that	from any othe	r lease or m	ool. giv	e comminal	ing order numi	per:			·	
V. COMPLETION DATA	nom any oan	v. p	, 6-		6					
V. COM EDITOR DITTE		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		i	_Ì_		<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.		
					Top Oil/Con			T. U Dth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
N					<u> </u>			Depth Casing Shoe		
Perforations									•	
	Т	IRING (	CAST	NG AND	CEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE				CENTER	DEPTH SET		<u> </u>	SACKS CEM	ENT
HOLE SIZE	- Create -									
								<u> </u>		
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE				bla for thi	a dansh on ha	for full 24 hou	ere )
OIL WELL (Test must be after t	Date of Tes		f load	oil and mus	Producing M	ethod (Flow m	umn eas lift.	s aepin or be	jor just 24 nou	23./
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size		
Length of Test	I doing I least to									
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL					-					
Actual Prod. Test - MCF/D	Length of	est			Bbls. Conde	sate/MMCF		Gravity of	Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size		
					J			<u> </u>		
VL OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE		011 001	ICEDV	ATION	DIVICIO	201
I hereby certify that the rules and regu	lations of the	Oil Conserv	vation			OIL CON	NOEHV	AHON	אופועום	אוכ
Division have been complied with and	that the infor	mation give	n abov	e				49		
is true and complete to the best of my	knowledge an	d belief.			Date	Approve	d	y' .	100	
0	<b>6</b>									
_ Donather Omens					∥ By_		AD1533	्रावयस्य ५	EXTON	
Signature Dorothea Owens	Regula	atory An	alyst	t			Marie 1 Da	remujor		
Printed Name			Title		Title	)				
June 7, 1991	(915)	682-632								
Date		Tele	phone i	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.