Submit 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	OIL S REQUEST I	Minerals ai CONSE F Santa Fe, N FOR ALLO	RVA P.O. Bo lew Mo OWAE	ew Mexico ural Resources Depart ATION DIVISI ox 2088 exico 87504-2088 BLE AND AUTHOF AND NATURAL (ON RIZATION		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
Operator Clayton W. Williams, Jr					Well	API No.	
Address	· ·					025-09397	
Six Desta Drive, Suite Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name Hal	Change Jii [Casinghead Gas]	in Transporter Dry Gas Condensate	• []	X Other (Please ex effective July Six Desta Drive, Su	1, 1991		X & MA / M
and sodiess of previous operator <u>Hai</u> U. DESCRIPTION OF WELL		Jeruenig I		Dix Desta Di Ive, St	nce 2700,	Midland, lex	as /9/05
Louis Name State A A/C 1 Location	Well No 84			ng Formation (Pro 6 11 Yt Seven Rivers		of Lease Federal or Fee	Lezse No.
Unit LetterG	_ :198() Feet From '	The <u>N</u>	lorth Line and 23	10 Fe	et From The	EastLin
Section 23 Township	235	Range	3	36E , NMPM,		Lea	County
III. DESIGNATION OF TRAN	SPORTER OF	DIL AND 1	NATUI	RAL GAS		·	
Name of Authorized Transporter of Oil Texas New Mexico Pipel	or Coad			Address (Give address to			is to be sent)
Name of Authorized Transporter of Casing		or Dry Gas	XXX	Box 42130, Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent)			
Xcel Gas Company	Unit Soc.	Twp		Six Desta Drive	, Suite 57	00, Midland,	
ive location of tanks.		1 1		Is gas actually connected?	When	. 7	
this production is commingled with that f V. COMPLETION DATA	rom any other lease o	r pool, give co	mmingli	ng order number:			
Designate Type of Completion -	(X) Oil We	all Gas	Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v
Date Spudded	Date Compl. Ready	to Prod.		Total Depth		P.B.T.D.	I
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation		Top Oil/Gas Pay		Tubing Depth	· · · ·
erforations						Depth Casing Shoe	
	TUBINC		AND	CEMENTING RECO			····
HOLE SIZE						SACKS CEMENT	
					. <u> </u>		
7. TEST DATA AND REQUES OIL WELL (Test must be after re			nd must i	be equal to or exceed top a	llourshie for this	denth on he for a	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow,			ui 24 kours.)
length of Test	Tubing Pressure			Casing Pressure		Choke Size	
	Oil - Bbls.			Water - Bbis		Gas- MCF	
Actual Prod. During Test	Oil - Bbls.					1	
	Oil - Bbls.	-	1	- <u> </u>		l	
GAS WELL	Oil - Bbls.		! 	Bbis. Condensate/MMCF		Gravity of Conc	cnsale
GAS WELL Actual Prod. Test - MCF/D	Length of Test					Gravity of Conc	cnsale
GAS WELL Actual Prod. Test - MCF/D	· · · ·			Bbls. Condensate/MMCF Casing Pressure (Shut-in)	· · · · · · · · · · · · · · · · · · ·	Gravity of Conc Choke Size	cn sale
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D esting Method (pitot, back pr.) /I. OPERATOR CERTIFICA I hereby certify that the rules and regular Division have been complied with and th is true and complete to the best of my br Division have been completed with and the Signature Dorothea Owens	Length of Test Tubing Pressure (Shi ATE OF COM tions of the Oil Conse hat the information gin nowledge and belief.	PLIANCE avation ven above		Casing Pressure (Shut-in)	ال be	Choke Size	VISION 391

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.