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

State of New Mexico Energy, ! __rais and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A	API No.			
Clayton W. Williams, J	r., Inc.						30-0	25-10707	7		
Address											
Six Desta Drive, Suite	3000, Mi	dland,	Texa	s 79705							
Reason(s) for Filing (Check proper box)					XX Othe	r (Please expla	in)			ì	
New Well		Change in	Transp	porter of:		11 1	1001				
Recompletion	Oil		Dry (Gas 📙	еттесст	ve July 1,	1991			1	
things in Openium	Casing	ıcı 🗌	Cond	onenie 🔲							
If change of operator give name		_					- 0700 W	idland To	7070E	•	
and address of previous operator Hall	<u>Rasmuss</u>	en Ope	catin	g Inc. S	ix Desta D	rive. Suite	e 2700. M	idiano. 16	xas 7970:		
II. DESCRIPTION OF WELL	AND LEA	SE	TA								
well No. Pool Name, Including								f Lease No.			
State A A/C 1		58	Lan	ialie Matt	ix Seven R	vs. Queen	GB State,	F?*X\ XX\ T X9	(-		
Location			1	<u> </u>							
	. 198	Λ		From The	lorth rim		1980 Fe	et From The _	East	Line	
Unit LetterG	_ :130	0	_ reel !	From the	LIDE	2nd	L300 re	et rioin The _			
Section 11 Townshi	23 S		Rang	e 36E	N	ирм,	Lea			County	
Section 11 Townshi	200		_ ICAUA	000							
III. DESIGNATION OF TRAN	CDODITE	POFO	TT. A	ND NATTI	RAL GAS						
Name of Authorized Transporter of Oil	XX	or Conde		TO TATE	Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	ent)	
-	Box 42130, Houston, Texas 77242										
Texas New Mexico Pip		[XX]	or Dr	ry Gas		e address to wh				ent)	
Name of Authorized Transporter of Casing	gnead Gas		01 101	, Cas	l .					Texas 79705	
Xcel Gas Company	1 11 1	C	Turn	Page	ls gas actuali		When		iiuianu,	16x43 / 3/03	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected:	i when	•		ļ	
	<u> </u>		٠								
If this production is commingled with that	from any oth	er lease or	pool, į	give commingi	ing order num						
IV. COMPLETION DATA		<u> 1</u>	 -		1 37 317.11	1 37/- 4	D	Plug Back	Sama Basiu	Diff Res'v	
Designate Type of Completion	- (20)	Oil Wel	1 1	Gas Well	New Well	Workover	Deepen	i ling pack	241116 Vez A	Dill Kes v	
		1	- 1		Total Depth	l	<u> </u>	P.B.T.D.			
Date Spudded	Date Comp	и. кез ау і	o Prod.	. '	Total Depar			P.B.1.D.			
		Ton Oil/Cas	Top Oil/Gas Pay Tubing Depth								
Elevations (DF, RKB, RT, GR, etc.)	roducing F	ormatio	Off.	100 0.2 000 1 2)			Tubing Deput				
	<u> </u>							Depth Casin	a Shoe		
Perforations								Depui Casiii	g snoc		
								2			
					CEMENTI	NG RECOR	<u>D</u>			ENT	
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					<u> </u>						
	1										
	1										
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	E						>	
OIL WELL (Test must be after	recovery of lo	iai volum	of loa	id oil and musi	be equal to of	exceed top all	owable for the	s depin or be	OF JUL 24 NOI	<u> </u>	
Date First New Oil Run To Tank	Date of Te	ব্ৰ			Producing M	ethod (Flow, pi	ump, gas iyi,	eic.)			
	i							Chaka Siza	Choke Size		
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure					
	<u> </u>				<u> </u>			Car MCE			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	•		Gas- MCF			
					<u>i</u>						
GAS WELL						•					
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Actual Prod. Test - MICPID	Length of Test										
Tubing Method (puot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
						,					
					·						
VI. OPERATOR CERTIFIC	CATE OF	COM	PLL/	7.CE		OIL CON	JSERV	MOITA	DIVISION	NC	
I hereby certify that the rules and regu	lations of the	Oil Cons	ervation	n		OIL OO.	102111	,	J	J. (
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								1111	1919	101	
is true and complete to the best of my	KDOWIEGE 2	ing Dellel.			Date	e Approve	ed	JUL	13 13	131	
C	١										
Donethea Omens					Bv	ORIGINAL	SIGNED 3	NY HERRY 5	EXTON		
Signature Dorothea Owens Regulatory Analyst					-, -	: DIS	TRICT I SI	JPERVISOR			
Dorothea Owens	KEĞÜTĞEÖ.	ry Anal	<u>yst</u> Tid		7:41-	<u> </u>					
Printed Name June 7, 1991	(915) 683	2-6324		-	Intle),	e, soften en en en en en	·-			
Date 7, 1991	12201 000		lephon	e No.							
Date		, ,			11						

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.