Submit 5 Copies Appropriate District Office DISTR/CT I		Energy, I			ew Mexico ural Resources Departr	nent		Form C-104 Revised 1-1-89 See Instructions	
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210		-		P.O. B	TION DIVISIO	ON		at Bottom of Page	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQ	UEST F		LOWA	exico 87504-2088 BLE AND AUTHOR				
I. Operator		TOTR	ANSPO		AND NATURAL G		PI No.		
Clayton Williams Energy, L		Inc	~)-025-10721		
Address						•			
Six Desta Drive, Suite 300 Reason(s) for Filing (Check proper box)	00 M	idland,	Texas /	9705	X Other (Please exp	lain)			
New Well		Change is		tur of:	Change in Operato		iy.		
Recompletion	Oil Casinghe	ad Gas 🗌	Dry Gau Conden	_	Effective 04/07/9	93	-		
If change of operator give name		William	- · · ·						
				≤ 1	1 1		· · · · ·		
II. DESCRIPTION OF WELL	AND LE		Pool Na	me, Inciudi	ag Formation		of Lease	Lease No.	
State A AC 1		91	Lang	lie Mat	tix 7 Rvrs Queen GE	3 State,	Fridara Katxifrad		
Unit LetterC	_ :	660	_ Feet Fro	m The	North Line and 2310) Fe	et From The	West Line	
Section 15 Township	<u> </u>	235	Range	36	, NMPM ,		Lea	County	
TT DESIGNATION OF TRAN	CRODT								
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPUK II	or Conde			KAL GAS Address (Give address to w	which approved	copy of this form	is to be sent)	
Texas New Mexico Pipeline (Company				**************************************	iston, Texa			
Name of Authorized Transporter of Casing Xce1 Gas Company	of Cazinghead Gas XX or Dry Gas				Address (Give address to m 6 Desta Dr., Suite		copy of this form Midland, Te		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually connected?	When		<u>xuu 19709</u>	
give location of tanks.	<u> </u>	L	1	<u> </u>			<u></u>		
If this production is commingled with that in IV. COMPLETION DATA		der Hollie of	poor, grw	contraining					
Designate Type of Completion	. 00	Oil Well	G	as Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Date Spudded		ipi. Ready u	o Prod.		Total Depth		P.B.T.D.	<u>.</u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	ormalice		Top Oil/Gas Pay		Tubing Depth		
Perforations							Depth Casing SI		
				•	· .			~ .	
	· · · ·				CEMENTING RECOR				
HOLE SIZE	CA	SING & TI	UBING S	ZE	DEPTH SET	r	SAC	KS CEMENT	
······					· · · · · · · · · · · · · · · · · · ·		*		
		-			· · · · · · · · · · · · · · · · · · ·		•		
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		·		· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after r	covery of 1	otal volume		l and must	be equal to or exceed top all			ull 24 hours.)	
Date First New Oil Run To Tank	Date of To				Producing Method (Flow, p	ump, gas iyī, e	(C.)		
Length of Test	Tubing Pr	TIRE			Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.		Gas- MCF		
GAS WELL	<u>. </u>					····-			
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Condensate/MMCF		Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pr	stature (Shui	l-m)		Casing Pressure (Shut-in)		Choke Size		
			N F + > *		۱ <u>۲</u>	· . <u>.</u>	<u> </u>		
VI. OPERATOR CERTIFIC.				LE	OILCO	NSERV/	TION DI	VISION	
Division have been complied with and t	that the info	rmation giv				JUL 2	ATION DI 7 1993	ал. С	
is true and complete to the best of my h	nownedge s				Date Approve	ed be	<u> </u>		
Row S. M.C.	Carle	\mathcal{P}_{-}				rig. Signe	i by		
Signature / Robin S. McCarley		oduction	Analys	t	By0	Paul Kau Geologie	tz		
Printed Name			Title		Title	Geologie	·•		
04/01/93 Date	(91	<u>5) 682-(</u> Tele	6324 Iphone No),					
			,		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.

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.

Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico Energy, 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	1	OTRA	INSF	PORTOIL	_ AND NA	TURAL GA					
Operator Clayton W. Williams, Jr., Inc.							Well API No. 30-025- 10721				
Address Six Desta Drive, Suite		dland.	Texa	s 79705							
Reason(s) for Filing (Check proper box)					KX Oth	et (Please espic	10)			,	
		~	Toor	mater of							
New Well		Change in			effecti	ve July 1,	1991				
Change in Operator	Oil Caangu.com		Dry C	148 U		, ie ou j i	1771				
If change of operator give name									20205		
		-		g_incS	<u>ix Desta</u> l.	<u>)rive, Suit</u>	<u>e_//10</u> M	<u>idlang, i</u>	exas		
II. DESCRIPTION OF WELL									unter site constraints and the		
Lease Name State A A/C 1		Well No. 91			ing Formation ix Seven F	Rvs. Queen	State	of Lease Redeni av Fr		ears flo.	
Location				9110 11000							
Unit LetterC	. :	660	Feel F	From The <u>N</u>	orth Lie	e and2	<u>310</u> Fe	€t From The	West	Line	
Section 15 Township	2	235	Range	<u>e</u>	36E , NI	MPM,	Lea			County	
TH. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ND NATU	RAL GAS						
Name of Authonized Transporter of Oil	XX	or Conder			Address (Giv	e address 10 wi			orm is to be se	ni)	
Texas New Mexico Pipeline	Co.					30, Houston					
Idante of Authonzed Transporter of Casing	thead Gas	XX	or Dr	y Gas []	Address (Giv	e address to wh	uch approved	copy of this f	orm is to be se	nt)	
Xcel Gas Company					Six	<u>Desta Driv</u>	e, Suite	5700, Mid	land, Texa	s 79705	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	. Rge.	Is gas actuall	y connected?	When	?			
If this production is commingled with that i	from any othe	r lease or	L	ive comming	ing order num	ber					
IV. COMPLETION DATA			, , .								
Designate Type of Completion	- 00	Oil Well	I	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv	
		<u> </u>			Total Depth	1	L	L	l		
Date Spudded	Date Compl	i. Ready id	PTOG					. P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	omauo	iù	Top Oil/Gas	Pay		Tubing Dep	h		
Perforations	<u> </u>				<u>.</u>			Depth Casin	g Shoe		
·											
					CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	ING & TL	JBING	SIZE		DEPTH SET			SACKS CEME	<u>NT</u>	
······································	<u> </u>					<u>. </u>	<u> </u>	,			
					•						
					•						
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	<u> </u>							
OIL WELL (Test must be after re					be equal to or	exceed top allo	wable for the	depth or be j	for full 24 hour	rs i	
Date First New Oil Run To Tank	Date of Test			-		ernod (Fiow, pu					
· · · · · · · · · · · · · · · · · · ·						<u></u>	<u></u>	Choke Size	. <u>.</u> .		
Length of Test	Tubing Pressure				Casing Pressure Choke Size						
Actual Prod. During Test	Oil - Bbls				Water - Bbis Gas- MCF						
					<u>. </u>						
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	Ber MMCF		Gravity of C	Ondensate		
Testing Method (pilot, back pr.)	Tubing Pres	aure (Shut	- I D)		Casing Press.	ire (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC.	ATE OF	COMF	PLLA	NCE						NNI	
I hereby certify that the rules and regula	ations of the (Dil Conser	valion						DIVISIC	ИN	
Division have been complied with and !	that the inform	nation giv	en abov	ve			. 11	11 1 12	1991		
is true and complete to the best of my h	nowledge and	u Dellel.			Date	Approve	-				
Anathea	Ome	ns				ORI			er dy st ert Frierd	ON	
Signature					By_		M378	<u></u>			
Dorothea Owens F Primed Name	Regulatory	<u>y Analy</u>	<u>st</u> Tille		Title						
June 7, 1991 ((915) 6 <u>82</u> -	<u>-6324</u>			II me						
Date			phone	No.							

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.

1 .							
Submit 5 Copies Appropriate District Office DISTRICT I	Energy,		f New Mexico Natural Resources Departi	ment	Form C-104 Revised 1-1-89 See Instructions		
P.O. Box 1980, Hobbs, NM 88240	OL		VATION DIVISIO	ON	at Bottom of Page		
2.0. Drawer DD, Artenia, NM 88210 DISTRICT III			. Box 2088 Mexico 87504-2088				
000 Rio Brizos Rd., Artec, NM 87410	REQUEST		ABLE AND AUTHOR				
Dentor Hal J. Rasmussen Ope		ANSFORT	OIL AND NATURAL G		API No.		
Address Six Desta Drive, Su	ite 5850. Mid	land. Texa	ns 79705				
Reason(s) for Filing (Check proper box)			A Other (Please exp	lain)	· · · · · · · · · · · · · · · · · · ·		
Recompletion	oii [in Transporter of:	Change in	name			
Change in Operator Change of operator give name ad address of previous operatorHa.	Casinghead Gas		Wall, Suite 600,	Midland.	Texas 79701		
I. DESCRIPTION OF WELL		T A	all, balle ooo,				
Lesse Name State A Ac 1	Well No 91	1 · ·	luding Formation lattix 7 Rvrs Queer		A Lease Lease No.		
Location							
Unit LetterC	_:660		North Line and _231	_	et From The West Lin		
Section 15 Townsh			Е , NMPM,	Lea	County		
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	VSPORTER OF C	IL AND NAT		hich approved	copy of this form is to be sent)		
Texas New Mexico Pi Name of Authorized Transporter of Casin	ipeline Co.	or Dry Gas	Box 42130, Hous	ton, Texa	as 77242		
El Paso Nat'l Gas (f well produces oil or liquids,	Co & Phillips	66 Nat'l	Gas Box 1492, E1	Paso, Te	copy of this form is to be sent) exas 77978		
ve location of tanks.	Unit Sec.		ge. Is gas actually connected?	When t			
this production is commingled with that V. COMPLETION DATA	from any other lease of	pool, give commi	ngling order number:				
Designate Type of Completion	- (X) Oil Wel	I Gas Well	New Well Workover	Deepen	Plug Back Same Res'v Diff Res'v		
ate Spudded	Date Compl. Ready t	o Prod.	Total Depth	·	P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation	Top Oil/Gas Pay		Tubing Depth		
erforations					Depth Casing Shoe		
	TUBING,	CASING AN	D CEMENTING RECOR	.D			
HOLE SIZE	CASING & T	JBING SIZE	DEPTH SET		SACKS CEMENT		
. TEST DATA AND REQUES	T FOR ALLOW	ADIE					
	ecovery of total volume		ist be equal to or exceed top allo				
	Date of Test		Producing Method (Flow, pu	imp, gas líft, elc)		
ength of Test	Tubing Pressure		Casing Pressure		Choke Size		
tual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
AS WELL	1	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
sting Method (pilot, back pr.)	Tubing Pressure (Shut	-in)	Casing Pressure (Shut-in)		Choke Size		
					TION DIVISION		
				SERVA	TION DIVISION		
I hereby certify that the rules and regula Division have been complied with and t	hat the information give	vation in above			ALLE 2 1 1000		
I hereby certify that the rules and regula	hat the information give	vation in above	Date Approved				
I hereby certify that the rules and regula Division have been complied with and the is true and complete to the best of my ke	hat the information give nowledge and belief.	n above	11	RIGINAL SIC	AUG 2 1 1989 SNED BY JERRY SEXTON		
I hereby certify that the rules and regula Division have been complied with and the is true and complete to the best of my ke	hat the information give nowledge and belief.	Manager Tiue	o 1	RIGINAL SIC	GNED BY JERRY SEXTON		
Division have been complied with and t	hat the information give	vation in above	Date Approved	j t	AUG 2 1 1989		

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