PO. Box 1980, Robel, NM 8420       OIL CONSERVATION DIVISION         PO. Box 1980, Robel, NM 8420       Santa Fe, New Mexico 87504-2088         PO. Box 1980, Robel, NM 8420       Santa Fe, New Mexico 87504-2088         PO. Box 1980, Robel, NM 8420       REQUEST FOR ALLOWABLE AND AUTHORIZATION         I.       TO TRANSPORT OIL AND NATURAL GAS         Operation       Weil API No.         Clayton Williams Energy, Letter:       To TRANSPORT OIL AND NATURAL GAS         New Weil       Charge in Operation         Six Desta Drive, Suite 3000       Midland, Texas 79705         Recording Concerptone       Charge in Operation         Oul       Dry Gai         Charge of operator grow and data of operator of the data of the operator operator data operator of the data of the operator operator data operator of the data of the operator operator data operator operator data operator of the data of the operator operator data operator operator data operator of the data operator operator data operator operator data operator of the data operator operator data operator operator data operator operator data operator o	Submit 5 Copies Appropriate District Office DISTRICT.1	State of New Mexico Energy, Minerals and Natural Resources Department									
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TUBING, CASING AND CEMENTING RECORD         MOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         WOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       OIL WELL (Ter must be gher recovery of tool volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)         Date Fire New Oil Rus To Tesk       Date of Test       Producing Method (Flow, pump, gat lift, etc.)         Length of Test       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbis.       Water - Bbis       Case MCF         GAS WELL       Casing Pressure (Shist-ia)       Choke Size         GAS WELL       Casing Pressure (Shist-ia)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE is true and that the isformation gives above is true and complex to the base of my toorings and baset.       Oil CONSERVATION DIVISION         Date Approved       JUL 2 7 1993       By       Date Approved       JUL 2 7 1993         Signmane Robin S. McCarley       Tabe       Orig. Signed by       Date Approved       JUL 2 7 1993 <tr< td=""><td>Elevations (DF, RKB, RT, GR, etc.)</td><td>Name of 1</td><td>Producing Fo</td><td></td><td></td><td>Top Oil/Gas</td><td>Pay</td><td></td><td>Tubing Depth</td><td></td></tr<>	Elevations (DF, RKB, RT, GR, etc.)	Name of 1	Producing Fo			Top Oil/Gas	Pay		Tubing Depth		
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Actual Prod. Test - MCF/D     Length of Test     Bbls. Condensate/MMCF     Gravity of Condensate       Testing Method (pilot, back pr.)     Tubing Pressure (Shut-in)     Casing Pressure (Shut-in)     Choke Size       VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.     OIL CONSERVATION DIVISION <i>Policical Approved</i> JUL 2 7 1993       Signature Robin S. McCarley     Production Analyst Title       Ot/01/93     (915) 682-6324	GAS WELL	!				<u> </u>					
Treating Method (pild, back pr.)       Treated (all d)         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         I hereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is true and complete to the been of my knowledge and belief.       OIL CONSERVATION DIVISION         Method (pild, back pr.)       Division have been of my knowledge and belief.       Date Approved         Method Neme       Multiple       Orig. Signed by         Signeture       Robin S. McCarley       Production Analyst       By         Printed Name       Title       Title       Title	Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF		Gravity of Condensate				
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Robin S. McCarley     Production Analyst     By     Orig. Signed by       Prated Name     Table     Geologist       04/01/93     (915) 682-6324     Title	Division have been complied with and	that the info	ormatice giv	valice es above	1					· · · ·	
Robin S. McCarley     Production Analyst     Geologist       Printed Name     Title     Title       04/01/93     (915) 682-6324     Title			<u> </u>							JV	
Printed Name         Title           04/01/93         (915) 682-6324	Signature			Analv	st	By_		Peul Geole	Kautz gist		
	Printed Name	***		Title	<u> </u>	Title					
		<u>(9</u>			io.						

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 Approximate District Office	Energy Mi	State of N nerals and Na	New Mexico				Form C	-104
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	Energy, MI		ullal Kesoun	es Departin	nent		Revised See inst	
DISTRICT II	OILCO	NSERVA	ATION I Box 2088	VISIO	DN		al Botto	m of Page
P.O. Drawer DD, Artenia, NM 88210	Sant	a Fe, New M		4-2088				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	-						
I. Operator	TO TRAN	ISPORT OI	L AND NAT	FURAL G		API No.		
Clayton W. Williams,	Jr., Inc.				30-0	25-10722		
Add <b>ress</b> ! Six Desta Drive, Suit	e 3000, Midland, To	exas 79705						
Reason(s) for Filing (Check proper box)		_		r (Please exp	iain)			
New Well	Change in Tr Oil D	ransporter of:	effecti	ve July 1	, 1991			
Change in Operator	ن 门 دهن ومعطوقاته 🗍 د	uucutais 🗌						
If change of operator give name and address of previous operator Hal	J. Rasmussen Operat	ting Ioc., S	Six Desta D	rive <u>.</u> Suit	te.2700, M	lidland, I	<u>exas 79705</u>	
II. DESCRIPTION OF WELL								
Lease Name State A A/C 1		ool-Name, includ _anglie_Matt	-	vs. Queen		of Lease		ase No.
Location Unit LetterA	: 660F	eet From The	North Line	and <sup>g</sup>	990 Fr	et From The	East	Line
Series 15 Trunch								
Section 15 Townsh		ange		IPM,	Lea			County
Name of Authonized Transporter of Oil	VSPORTER OF OIL	•		address to w	hich annaced	com of this f	orm is to be sen	
Texas New Mexico Pipeline			1		n, Texas		orm us lo de sen	
Name of Authonzed Transporter of Casin	ghead Gas or	Dту Gas XX	Address (Give	address to wi	hick approved	copy of this fe	orm is to be sen	
If well produces oil or liquids,	Unit Sec. T	-p. Rge.	Is gas actually		e, Suite When		and, Texas	79705
give location of tanks.	i i i							
If this production is commungled with that IV. COMPLETION DATA	from any other lease or poo	ol, give comming	ling order numbe	иг			······	
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resv
Date Spudded	Date Compl. Ready to Pr	Dd.	Total Depth		L	P.B.T.D.	L <u></u> ,	L
Elevauons (DF, RKB, RT, GR, etc.)	Name of Producing Form	alion	Top Oil/Gas Pa	iy		Tubing Dept		
Perforations	··•				<u></u>	Depth Casing	g Shoe	
	TUBING, C	ASING AND	CEMENTIN	G RECOR			<u>.</u> <u>.</u>	
HOLE SIZE				DEPTH SET		S	ACKS CEME	NT
				<u>.                                    </u>				
······	l		• • • • • • • • •					
V. TEST DATA AND REQUES	T FOR ALLOWAR				<u> </u>	<u></u>		
-	ecovery of total volume of la		be equal to or e	sceed lop allo	wable for this	depth or be fo	or full 24 hours	;
Date First New Oil Run To Tank	Date of Test		Producing Met	nod (Flow, pu	mp, gas lifi, ei	c.)	<u> </u>	
Length of Test	Tubing Pressure	<u>_</u>	Casing Pressure	;		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis	<del></del>		Gas- MCF		
	· ·							
GAS WELL Actual Prod. Test - MCF/D	Length of Test	<u> </u>	Bbis. Condensa	wMMCF		Gravity of Co	ondensate	
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure	(Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula			0		SERVA		DIVISION	N
<ul> <li>Division have been complied with and t is true and complete to the best of my k</li> </ul>	5	bove	Dete		[	11.18	1991	
Woathe.		-			RIGINAL SI	ento an	ESCAY SEXT	ON
	- A MAD-1 a				به وسرحين وبو	123 . 1600	1919 DOD	
Signature			By			0.0111.0004	<u></u>	
Signature Dorothea Owens R Pristed Name	Regulatory Analyst Tiu		By Title _					
Signature Dorothea Owens R Pristed Name	egulatory Analyst				<u></u>			

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 I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Artec, NM 87410 I. Operator Hal J. Rasmussen O Address	Energy, Minerals and Na OIL CONSERV P.O. E Santa Fe, New M REQUEST FOR ALLOWA TO TRANSPORT OI		Form C-104 Revised 1-1-89 See Instructions at Bottom of Page						
Six Desta Drive, S Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL Lease Name		Other (Please explain)							
	State A Ac 1       90       Langlie Mattix SR Qu GB       And of Lesse       Lesse No.         Location       90       Langlie Mattix SR Qu GB       Address (Give address to which approved copy of this form is to be vert)       Lesse No.         Unit Letter       A       660       Feet From The North Line and 990       Feet From The East Line         Section       15       Township       23       S       Range       36       E       NMPM,       Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authonized Transporter of Oil       S       or Condensale       Iddress (Give address to which approved copy of this form is to be vert)								
Name of Authonized Transporter of Casin XCel Gas Co. If well produces oil or liquids, give location of tanks.	ghead Gas / 📉 or Dry Gas 🥅	Is gas actually connected? Whe	5800, Midland, Tx 79705						
IV. COMPLETION DATA Designate Type of Completion Date Spudded	Oil Well Gas Well	New Well   Workover   Deepen	Plug Back Same Res'v Diff Res'v						
Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe						
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT						
V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test	Tubing Pressure	be equal to or exceed top allowable for th Producing Method (Flow, pump, gas lift, Casing Pressure	is depth or be for full 24 hours.) etc.) Choke Size						
Actual Prod. During Test GAS WELL	Oil - Bbls.	Water - Bbls.	Gat- MCF						
Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size						
VI. OPERATOR CERTIFIC I hereby certify that the rules and regult Division have been complied with and is true and complete to the best of my b Signature Jay Cherski Printed Name 1211189	ations of the Oil Conservation that the information given above	OIL CONSERVATION DIVISION Date Approved Deter Approved Deter Approved Orig. Signed by Paul Kauta Geologist Title Title							

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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.

DEC 15 1989 OCD MOBBS OFFICE

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Submit 5 Copies Appropriate District Office		ew Mexico ural Resources Department	Form C-104 Revised 1-1-89			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OT CONSERVA	TION DIVISION	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 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAE		ON			
I.		AND NATURAL GAS				
Hal J. Rasmussen Ope	rating, Inc.		Well API No.			
Address Six Desta Drive, Sui	te 5850, Midland, Texas	79705				
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)				
Recompletion	Oil Dry Gas Casinghead Gas Condensate	Change in name	2			
	J. Rasmussen, 306 W. Wa	all, Suite 600, Midla	and, Texas 79701			
II. DESCRIPTION OF WELL	AND LEASE					
Lesse Name State A Ac 1	Well No. Pool Name, Includi 90 Langlie Ma	ngFormation Ittix 7 Rvrs Queen G	Kind of Lease Lease No. State, Francisch-LEB			
Location Unit LetterA	: 660 Feet From The	North Line and 990.	Feet From The East Line			
Section 15 Townshi						
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU					
Name of Authonized Transporter of Oil Texas New Mexico Pit	T or Condensate		proved copy of this form is to be sent)			
Name of Authorized Transporter of Casing	ghead Gas X or Dry Gas	Address (Give address to which ap	proved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	o & Phillips 66 Nat'l Ga  Unit  Soc.  Twp.   Rge. 	Is gas actually connected?	When !			
If this production is commingled with that is IV. COMPLETION DATA	from any other lease or pool, give comming	ing order number:				
Designate Type of Completion	- (X) Oil Well Gas Well	New Well   Workover   Do	pen   Plug Back   Same Res'v   Diff Res'v			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tubing Depth				
Perforations	1	I	Depth Casing Shoe			
	TUBING, CASING AND	<b></b>				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR ALLOWABLE					
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of to al volume of load oil and must Date of Post	be equal to or exceed top allowable Producing Method (Flow, pump, ga				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE	 				
I hereby certify that the rules and regula Division have been complied with and t	ations of the Oil Conservation	OIL CONSE	RVATION DIVISION			
is true and complete to the best of my k		Date Approved AUG 2 1 1989				
Jun Scott Ka	men	By DISTRICT I SUPERVISES				
Wm. Scott Ramsey General Manager						
July 13, 1989	915-687-1664 Telephone No.	Title				
	n is to be filed in compliance with F	ll Rule 1104				

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- 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 filled for each pool in multiply completed wells.