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

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

State of New Mexico Energy, Minerals and Natural Resources Department

•

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRA	NSPO	ORT OIL	AND NAT	URAL GA	<u>S</u>	Df Ma				
eralor						Well API No.						
layton Williams Energy, -t-	t.c. 1	ac. Inc. 30-025-10723										
ress			·	70705	1,2,000		Ì					
ix Desta Drive, Suite 3000) Mic	lland, T	exas	79705	X Other	(Please uplan						
son(s) for Filing (Check proper box)		Change in	Товано	oner of:	مده			v				
v Well	Oil		Dry Ge		Effectiv	n Operatur e 04/07/93	Hame Off	y •				
completion	Casinghese		•									
address of previous operatorClay	yton W. V	V1111ams	Jr.	, inc.		, 						
DESCRIPTION OF WELL	AND LEA	SE					Wind a	(Lease	1 1 1	se No.		
ase Name	1	Well No.				(Pro Gas)	State,	NAME OF STREET				
State A AC 1		82	Jalı	mat Tansi	11 Yates	/ Kvrs						
cation						. 10	980 _ Fe	et From The .	East	Line		
Unit LetterB	_ :	660	Feet F	rom The No	rtn Line	and	700 F	et From the .				
Section 15 Township	_ 23	ss	Range	. 3	86E , NN	/PM,		Lea		County		
Section 15 Township			<u> </u>									
DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS				lana is to be see	-d)		
ins of Authorized Transporter of Oil		or Conde	sale	XX	Address (C/M				form is to be set	•,		
Texas New Mexico Pipeline					Box 421	30 Hous	ton, Texa	15 //001	form is to be set	w)		
ame of Authorized Transporter of Casing	thead Gas		or Dry	Gas XX		or., Suite		Midland.	Texas 797	05		
Xcel Gas Company -	1		Twp	l Poo	is gas actuall		When					
well produces oil or liquids, to location of tanks.	Unait	Sec.	l Ismbr	1	10 825 0	,	i					
his production is commingled with that	from any oth	ver lease or	pool, g	ive comming	ing order num	per:						
COMPLETION DATA	non any on		, , -		•							
		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Resiv		
Designate Type of Completion	- (X)	i			<u> </u>	<u> </u>	<u> </u>	L		<u></u>		
se Spudded	Date Com	pi. Ready t	o Prod		Total Depth			P.B.T.D.				
·					Top Oil/Gas	Pav		Tubing Der	<u></u>			
evations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	ormatio	10	TOP CIDGES	r = y		i tubing De				
	<u> </u>			 				Depth Casi	ng Shoe			
et our cons												
		TUBING	. CAS	ING AND	CEMENTI	NG RECOR	<u> </u>					
HOLE SIZE		SING & T			i	DEPTH SET		·	SACKS CEM	ENT		
FIGLE SIZE								1				
					:							
								<u> </u>				
			. DI 1		<u> </u>							
. TEST DATA AND REQUE IL WELL (Test must be after	ST FOR	ALLOW	ABLI	C a ail and mus	s he emal to o	r exceed top all	lowable for th	is depth or be	for full 24 hou	rs.)		
	Date of T		2 oj 1002	a ou anu mus	Producing M	lethod (Flow. p	ump, gas lift.	etc.)				
ate First New Oil Run To Tank	Date of 1	ER										
the of Tag	Tubing P	PARITE			Casing Presi	mie		Choke Size				
ength of Test								1	Gas- MCF			
Actual Prod. During Test	Oil - Bbl	l.			Water - Bbl	L		Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D	Leagth o	Test			Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate			
								Choka Size				
esung Method (pisot, back pr.)	Tubing P	TREALITE (SA	(E-15)		Casing Pres	aure (Shut-in)		Cuore 20				
-												
VL OPERATOR CERTIFIC	CATE O	F COM	PLL	INCE			NSER	/ATION	DIVISIO	ON		
I have a continue that the rules and rest	ulations of \$	se Oil Com	PELATION	B	11					- · ·		
Division have been complied with an	d that the int	CONTRACTOR 1	pves so	Ove		e Approv	, .tt	11 27	1993			
is true and complete to the best of my	A IZPOMJediće	ma belief.			∥ Dat	e Approv	ed	<u> </u>				
0/7/100	10/2	17					a Sione	d b)				
Town D. M.	M	ey_			By.	<u> </u>						
Signature Robin S. McCarley	Pı	/ roductio	n Ana	llyst			Geologi	st.				
Pristed Name			Title	4	Titl	9	_					
04/01/93		915) 682										
		7	elephon	is 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.
- 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.

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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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRAN	NSP(ORT OIL	AND NATI	JRAL GAS	Well API	No.				
TO TRANSPORT OIL AND NATUR							Well API No. 30-025- 10723					
Clayton W. Williams, Jr., Inc.							33 32					
lress Six Desta Drive, Suite 30	000, Midl	and, Tex	kas 7	9705								
ason(s) for Filing (Check proper box)					~~	(Please explan						
w Well		Change in	Transpo Dry Ga	. 1	effective	July 1, 1	.991		ŕ			
completion	Oil		مهرة م					age to Make 1				
ange in Operator.	Canage Audi	Con Con	watin	a Inc S	ix Desta C	rive, Suit	te 2700, M	idland, 1	exas 7970	5		
hange of operator give name Hall	J. Rasmus	sen ope	ratin	19 1110., 3	1 : -147 =		1.2					
DESCRIPTION OF WELL	AND LEA	SE		1 1 1 1 1	- Cámatica	·	Kund of	Lease		se No.		
ase Name		W SII NO.			g Formauca 1 Yt Seve		State, 3	edanak anx Poe		· ·		
State A-A/C 1		82	Jair	mat lansi	1 10 3040					. ~		
ecation B		660	Feet F	rom The No	rthLine	and1980) F e e	t From The	<u>East</u>	Line		
Unit Letter	_ :									County		
Section 15 Townshi	p	235	Range	z 36	E , NM	IPM,	Lea					
		n of O	71 A P	ND NATE	RAL GAS							
I. DESIGNATION OF TRAN	SPORTE	or Conden	ill Ai	XX	Address (Giw	address to wh	uch approved	copy of this f	orm is to be se	ni);		
arms of Authorized Transporter of Oil Texas New Mexico Pipeli	ine Co.				Box 4	2130, Hous	ton, lexas	5 //242	form 10 to be 30	nt)		
ame of Authorized Transporter of Casin	ghead Gas		or Dr	y Gas XX	Address (Give	orm is to be se , Texas 79	705					
Xcel Gas Company			170	Rge.		connected?	When	?				
well produces oil or liquids,	Unit	Sec.	Twp.	l vite	10 820 0					•		
ve location of tanks. this production is commingled with that	from any ou	ner lease or	pool,	give comming	ing order num	xer:						
this production is contributed with the V. COMPLETION DATA							J. D	Ding Back	Same Res'v	Diff Resiv		
	~~~	Oil Wel	ц	Gas Well	New Well	Workover	Deepen	i Link Decr		<u>i                                     </u>		
Designate Type of Completion	1 - (X)	pl. Ready t	o Prod		Total Depth	<u> </u>		P.B.T.D.				
Tale Spudded	Date Con	ipi. Kemiy		-				·				
Levations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				Top Oil/Gas Pay Tubing Depth						
Teastions (Dr. Mr. M. Con, con,								Depth Cas	ing Shoe			
erforations					• •			·				
		TIRING	: CA	SING ANI	CEMENT	NG RECO	RD					
	C	ASING &	TUBIN	G SIZE		DEPTH SE	T		SACKS CEN	MENT		
HOLE SIZE	_				<u> </u>							
V. TEST DATA AND REQU	FET FOR	ALLOV	VABI	LE					e 6.0 24 h			
V. TEST DATA AND REQUIDED OIL WELL (Test must be after	e recovery of	total volum	ne of lo	oad oil and mu	si be equal to	or exceed top a	Howable for 11	his depth or t	e jor juli 24 m	<del>)                                    </del>		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of	Test			Producing !	dethod (Flow,	ритр, даз сус.	, 216.)				
Date i il a i www out out					Casing Pres	usure .		Choke Size				
Length of Test	Tubing	Pressure			Casing 114							
	Oil - Bb	ie			Water - Bb	18.		Gas- MC	F			
Actual Prod. During Test	On a Bo							<del></del>				
									I Condensate			
GAS WELL Acquai Prod. Test - MCF/D	Length	of Test			Bbls. Cond	lensate/MMCF		Gravity of Condensate				
Ventra Lion 1 and 1 and 1					Casing Pre	saure (Shut-in)		Choke S	28			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)		Caring Fix									
`\				TANCT						IONI		
VL OPERATOR CERTIF	ICATE (	OF CON	VIPL.	IAINCE		OIL CC	)NSER	VALIO	1 2 18 18 18 18 18 18 18 18 18 18 18 18 18	<b>TON</b>		
I hereby certify that the rules and r	egulations of and that the i	ELECTRATION	given	204	1			JUL	10 199			
Division have been compiled with is true and complete to the best of	my knowledg	e and belie	á.		∥ Da	te Appro						
							DRIGINAL S	NG (1910-7)	: 3 1979 SE	MOTX		
Donather	~ Cu	ren			-    By		DIST	MILT CALL	<u> </u>			
Signature Dorothea Owens	Regu	latory /	Analv	/st								
Printed Name	, ne qu	· · · ·		Title	Tr	ile						
June 7, 1991	(915	) 682-6	324	No. No.	-							
Date			1 erebt	none 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
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Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

1.

DISTRICT II

### OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210			30x 2088								
DISTRICT III		a Fe, New M	1exico 8750	14-2088							
1000 Rio Brazos Rd., Artec, NM 874	10 REQUEST FOR	R ALLOWA	BLE AND	AUTHORE	ZATION						
I.		ISPORT OI									
Operator	Well	Well API No.									
Hal J. Rasmussen Ope	erating, Inc.				30-	025-10723					
Address Six Desta Drive, Su	ite 5850, Midland	d, Tx 7970	05								
Reason(s) for Filing (Check proper bo	x)		Otho	r (Please expla	(אינ						
New Well	Change in Ti	ransporter of:	_	•	•						
Recompletion X	a 🗌 110	ry Gas									
Change in Operator	Cazinghead Gas 🔲 C	londensate [									
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WEL	L AND LEASE			_							
Lease Name	Well No. P		Kind of Lease Lease								
State A A/C 1							State, Frideriko Ese				
Location			7	1.0							
Unit LetterB	: <u>660</u> F	ect From The $\frac{1}{2}$	North Line	19:	<b>F</b> -	et From TheE	Cast	Line			
Section 15 Town	ishin 23 S p	36	ਜ਼ ਜ਼		Lea						
Section 15 Town	ship 23.5 R	ange 30	, NV	IPM,				County			
III. DESIGNATION OF TRA	NSPORTER OF OIL	AND NATE	DAT CAC								
Name of Authorized Transporter of Oil	or Condensat			address to wh	ch approved	copy of this form	is to be seen	,)			
TEXAS NEW MEXIC	i i		1 0		,						
Name of Authorized Transporter of Ca		Dry Gas 🔀		2130 H	202700	copy of this form	247				
XCEC GAS CO	•	D., G., 120									
If well produces oil or liquids,		vp. Rgc.	Is gas actually	STA PR	\	5800 MIDLAND TX 747					
give location of tanks.	1 1 1	אר ו אנה. ו	1 -	les	When						
If this production is commingled with the	21 fmm any other lease or my	V rive comminal	ling order numb			214/89					
IV. COMPLETION DATA	= nois any once take or poo	a, give continuing	ing older numbe	ъг. 		<del></del>					
	Oil Well	Gas Well	New Well	Wodensa	<u> </u>	D. D. I.					
Designate Type of Completic	n - (X)	X	! New West		Deepen	Plug Back San	ne Res'v	Diff Res'v			
Date Spudded	Date Compl. Ready to Pro	×4	Total Depth	X1		X P.B.T.D.		<del></del>			
1-31-60	12/4/8		36	34		3 <b>5</b> 50					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Forma		Top Oil/Gas Pa	- 1		Tubing Depth					
3399 G.L.		`			Tuoing Deput						
3399 G.L. Perforations	Yates Yates		1		·	Depth Casing Shoe					
3002, 06, 16, 24, 46	5, 51, 62, 64, 88	3, 94, 310	06, 3112								
	TUBING, CA	ASING AND	CEMENTIN	G RECORT	)	<u> </u>		<del></del>			
HOLE SIZE	CASING & TUBIN			EPTH SET		SACI	KS CEMEN	т			
12	9 5/8			329	·		300	<u> </u>			
8 3/4	7		36	502			250				
								· · · · ·			
				·			<del></del> -	<del>,</del>			
V. TEST DATA AND REQUI	ST FOR ALLOWABI	LE		·		<del></del>					
	recovery of total volume of lo		be equal to or ex	cceed sop allow	able for this	depth or be for ful	Il 24 hours				
Date First New Oil Run To Tank	Date of Text		Producing Meth								
			-	Pump							
Length of Test	Tubing Pressure		Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF	<del></del> -				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensat	e/MMCF		Gravity of Conder	0.531.0	<del>_</del>			
618	24 hour	i									
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure	(Shut-in)		Choke Size					
BACK PR	,			·	ĺ						
L OPERATOR CERTIFIC	TATE OF COLOR I	ANICE	[	<del> </del>	1	<del></del>					
				LOOMS	EBV/A	TION DIV	/ICION				
I hereby certify that the rules and regu- Division have been complied with and	nations of the Oil Conservation of the information of the set	١ ٠		, I V / 1	ATION DIVISION  OCT 08 1990						
is true and complete to the best of my		D=4 4									
	$\cap$		Date A	pproved	<del></del>						
<u> </u>	X					- NV 1855V 65	MOTY				
Signature			Ву	<b>GRIGIN</b> A	LSIGNED	BY JERRY SE	71017	·			
Jay Cherski	Agent	DE INCT I SUPERVISOR									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

/19/90

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

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915-687-1664

Title

Telephone No.

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