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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|--|
| I. Operator | | Well API No. |
| Clayton Williams Energy, L.L.C. <i>Inc.</i> | | 30-025-10723 |
| Address | | |
| Six Desta Drive, Suite 3000 Midland, Texas 79705 | | |
| Reason(s) for Filing (Check proper box) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | <input checked="" type="checkbox"/> Other (Please explain) |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Change in Operator name only. |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | Effective 04/07/93 |
| If change of operator give name and address of previous operator Clayton W. Williams, Jr., Inc. | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------|----------|---|--------------------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation (Pro Gas) | Kind of Lease | Lease No. |
| State A AC 1 | 82 | Jalpat Tansill Yates 7 Rvrs | State, Fixed <i>Fixed</i> | |
| Location | | | | |
| Unit Letter | B | 660 Feet From The North Line and 1980 Feet From The East Line | | |
| Section | 15 | Township 23S Range 36E, NMPM, Lea County | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|----------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Texas New Mexico Pipeline Co. | Box 42130 Houston, Texas 77001 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Xcel Gas Company | 6 Desta Dr., Suite 5800 Midland, Texas 79705 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | | Is gas actually connected? When? |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | 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 | | | |
| Performances | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | 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 CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Robin S. McCarley
Signature Robin S. McCarley Production Analyst
Printed Name
04/01/93 (915) 682-6324 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 27 1993

By *Paul Kautz*
Orig. Signed by
Geologist

Title

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.

Submit 5 Copies
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at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Clayton W. Williams, Jr., Inc. Well API No. 30-025- 10723

Address Six Desta Drive, Suite 3000, Midland, Texas 79705

Reason(s) for Filing (Check proper box) ☒ Other (Please explain) effective July 1, 1991

New Well ☐ Change in Transporter of: ☐ Dry Gas ☐

Recompletion ☐ Oil ☐ Gas ☐

Change in Operator ☒ Hal J. Rasmussen Operating Inc., Six Desta Drive, Suite 2700, Midland, Texas 79705

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A-A/C 1 Well No. 82 Pool Name, Including Formation (Pro Gas) Jalmat Tansill Yt Seven Rvrs Kind of Lease State, Federal and/or Lease No.

Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 15 Township 23S Range 36E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent) Box 42130, Houston, Texas 77242

Texas New Mexico Pipeline Co.

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) Six Desta Drive, Suite 5700, Midland, Texas 79705

Xcel Gas Company

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen 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 Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)

Length of Test Tubing Pressure Casing Pressure Choke Size

Actual Prod. During Test Oil - Bbls. Water - Bbls. 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 CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Dorothea Owens Regulatory Analyst Title

Printed Name June 7, 1991 (915) 682-6324 Telephone No.

Date

OIL CONSERVATION DIVISION

JUL 18 1991

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR

Title

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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OIL CONSERVATION DIVISION

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|------------------------------|
| Operator Hal J. Rasmussen Operating, Inc. | | Well API No. 30-025-10723 |
| Address Six Desta Drive, Suite 5850, Midland, Tx 79705 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|--|---|-----------|
| Lease Name State A A/C 1 | Well No. 82 | Pool Name, Including Formation Jalmat TNSL-YTS-7R | Kind of Lease State, Federal or Free | Lease No. |
| Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>23 S</u> Range <u>36 E</u> , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|------|------|------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS NEW MEXICO PIPELINE CO. | Address (Give address to which approved copy of this form is to be sent) Box 42130 HOUSTON, TX 77247 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> XCEC GAS CO. | Address (Give address to which approved copy of this form is to be sent) 6 DESTA DRIVE # 5800 MIDLAND TX 79705 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? YES | When? 12/4/89 |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|--|---------------------------------------|----------|---------------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| | | X | | X | | X | | |
| Date Spudded 1-31-60 | Date Compl. Ready to Prod. 12/4/89 | | Total Depth 3634 | | P.B.T.D. 3550 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3399 G.L. | Name of Producing Formation Yates | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations 3002, 06, 16, 24, 46, 51, 62, 64, 88, 94, 3106, 3112 | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 | 9 5/8 | | 329 | | 300 | | | |
| 8 3/4 | 7 | | 3602 | | 250 | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|---|----------------------------|----------------------------|-----------------------|
| Actual Prod. Test - MCF/D 618 | Length of Test 24 hours | Bbls. Condensate/MMCF 0 | Gravity of Condensate |
| Testing Method (prior, back pr.) 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 given above is true and complete to the best of my knowledge and belief.

Signature
Jay Cherski
Printed Name
1/19/90
Date
Agent
Title
915-687-1664
Telephone No.

OIL CONSERVATION DIVISION

OCT 08 1990

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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

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