| Submit 5 Copies<br>Appropriate District Office<br>DISTRICT I                             |   | Energy, 1                | S<br>Mineral:  | Form C-104<br>Revised 1-1-89<br>See Instructions<br>at Bottom of Page |  |   |                           |               |                                       |
|--|---|--------------------------|----------------|---|--|---|---------------------------|---------------|---------------------------------------|
| P.Ö. Box 1980, Hobbs, NM 88240<br><u>DISTRICT II</u><br>P.O. Drawer DD, Anesia, NM 88210 | OIL CONSERVATION DIVISION<br>P.O. Box 2088<br>Santa Fe, New Mexico 87504-2088 |                          |                |   |  |   |                           |               | an or rage                            |
| DISTRICT III<br>1000 Rio Brazos Rd., Aziec, NM 87410                                     | REQ   |                          |                | •   | BLE AND AUTHO                                  |   |                           | •             |                                       |
| Ι.   |   |                          | -              |   | AND NATURAL                                    | GAS   |                           |               |                                       |
| Operator   |   | <u>I</u> and             |                |   |  |   | API No.                   |               |                                       |
| Clayton Williams Energy, -t  |   | LAC                      |                |   |  |   | 30-025-1072               |               |                                       |
| Six Desta Drive, Suite 300   | 0 Mi  | dland,                   | Texas          | 79705   |  |   |                           |               |                                       |
| Reason(s) for Filing (Check proper box)  |   | Change in                | a Transmo      | star of:  | X Other (Please                                | , .   |                           |               |                                       |
| Recompletion   | Oil   |                          | Dry Ga         |   | Change in Opera<br>Effective 04/07             |   | ily.                      |               |                                       |
| Change in Operator   | Casinghe  |                          | Condea         |   |  |   |                           |               |                                       |
| and address of previous operatorCla  | yton W.   | William                  | s, Jr.         | , Inc.  |  | ·····   |                           |               |                                       |
| II. DESCRIPTION OF WELL  | AND LE  |                          |                |   |  |   | -61                       |               | ease No.                              |
| Lease Name<br>State A AC 1   |   | Well No.<br>80           | 4              |   | <b>ng Formation</b> (Pro C<br>ill Yates 7 Rvrs |   | of Lease<br>Notice Karney |               | <b>EISE</b> (NO.                      |
| Location   |   | ·                        |                |   |  |   |                           |               |                                       |
| Unit LetterG   | _ :1  | 980                      | _ Feet Fr      | om The <u>No</u>  | orth Line and                                  | <u>1980                                    </u> | eet From The _            | East          | Line                                  |
| Section: 15 Township   | 2   | 35                       | Range          | :   | 36E , NMPM,                                    |   | Lea                       |               | County                                |
| III. DESIGNATION OF TRAN   | SPORTE  | CR OF O                  |                | D NATU  | RAL GAS  |   | d come of this fo         |               |                                       |
| Name of Authonzed Transporter of Oil<br>Texas New Mexico Pipeline                        | с <b>.</b>  | or Colors                |                | XX  | 1  | <i>o waich approve</i><br>louston, Tex          |                           |               | 57 <b>0</b> )                         |
| Name of Authorized Transporter of Casing   |   |                          | or Dry         | Ges XX  | Address (Give address t                        | o which approve                                 | d copy of this fo         |               |                                       |
| Xcel Gas Company -   | Unit  | Sec.                     | Twp.           | Ree   | 6 Desta Dr., Sui<br>Is gas actually connected  |   | Midland,                  | Texas 797     | /05                                   |
| give location of tasks.  |   |                          |                |   |  |   | • ·                       |               |                                       |
| If this production is commingled with that I<br>IV. COMPLETION DATA                      | from any ou   | her lease or             | pool, giv      | e commingi  | ing order number:                              |   |                           |               |                                       |
| Designate Type of Completion   | - (X)   | Oil Well                 |                | Gas Well  | New Well   Workove                             | er   Deepen                                     | Plug Back                 | Same Resiv    | Diff Resiv                            |
| Date Spudded   |   | pl. Ready u              | o Prod.        |   | Total Depth                                    |   | P.B.T.D.                  |               |                                       |
| Elevanons (DF. RKB, RT, GR, etc.)  | Name of F   | roducing F               | omalion        |   | Top Oil/Gas Pay                                |   | Tubing Dept               | 1             |                                       |
| Perforations   |   |                          |                |   | ·<br>  |   | Depth Casing              | Shoe          | · · · · · · · · · · · · · · · · · · · |
|  |   | TUBING.                  | CASE           | NG AND  | CEMENTING REC                                  | ORD   | -                         |               |                                       |
| HOLE SIZE  |   |                          |                |   | DEPTH S  | S   | ACKS CEM                  | ENT           |                                       |
|  |   |                          |                |   | :<br>  |   |                           |               |                                       |
|  | <u> </u>  |                          |                |   | · · · · · · · · · · · · · · · · · · ·          |   |                           | <u> </u>      |                                       |
| V TECT DATA AND DEOLIES  | TEOD  |                          | ADIE           |   |  |   |                           |               |                                       |
| V. TEST DATA AND REQUES<br>OIL WELL (Ten must be after r                                 |   |                          |                | oil and must  | be equal to or exceed top                      | allowable for th                                | is depth or be fo         | r full 24 hou | rs.)                                  |
| Date First New Oil Run To Tank   | Date of Te  |                          |                |   | Producing Method (Flow                         |   |                           |               |                                       |
| Length of Test   | Tubing Pressure   |                          |                |   | Casing Pressure                                | Choke Size                                      |                           |               |                                       |
| Actual Prod. During Test   | Oil - Bbls.   | vil - Bols.              |                |   | Water - Bbis.                                  |   | Gas- MCF                  |               |                                       |
| GAS WELL   |   |                          |                |   | ·····  |   | <u> </u>                  |               |                                       |
| Actual Prod. Test - MCF/D  | Length of   | Test                     |                |   | Bbis. Condensate/MMC                           | F   | Gravity of C              | adensate      |                                       |
|  | This are the  | Maure (Shu               |                |   | Casing Pressure (Shut-in                       | <u></u>   | Choke Size                |               |                                       |
| Testing Method (pilot, back pr.)   | LOUIS IT  |                          |                |   |  | -,  |                           |               |                                       |
| VI. OPERATOR CERTIFIC  | nions of the  | Oil Couse                | rvation        |   | OIL CO   | ONSERV  |                           | DIVISIC       | <b>N</b>                              |
| Division have been complied with and is true and complete to the best of my h            | that the info   | rmation giv              | ves above      | l   | Date Appro                                     | vedJU   | L 27 19                   | 93            |                                       |
| /  | Carls   | $\overline{\mathcal{W}}$ |                |   | By   | Orig. Si  | gned by                   |               |                                       |
| Signature V<br>Robin S. McCarley   | Pré   | duction                  |                | <u>st</u>   |  | Faul  | Kautz<br>ogist            |               |                                       |
| Printed Name<br>04/01/93   | /01   | 5) 682-                  | Title<br>63.24 |   | Title  | Ge01  |                           | <u> </u>      | ·                                     |
| Date   | . (9)   |                          | opbons N       | io.   |  |   |                           |               |                                       |
|  |   |                          |                |   |  |   |                           |               |                                       |

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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.

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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

## OCD HOPP ------

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| Land 3 Copy al     State of New Mattice     Perm (14)     Perm (14)       TO Ball Na, Hoke, NM 8830     OLL CONSERVATION DIVISION     Perm (14)       TOTAL TABLE ALLOWABLE AND AUTHORIZATION     Sama FR. New Mattice ST504-2038       DESTIGATION     BECUEST FOR ALLOWABLE AND AUTHORIZATION       Division all, Allow Mattice Stroke Jobs     Sama FR. New Mattice Stroke Jobs       Division all, Allow Mattice Stroke Jobs     BECUEST FOR ALLOWABLE AND AUTHORIZATION       Division allow Allow Allow Mattice Stroke Jobs     BUD Stroke Jobs       Division allow   | <u> </u>   |                           |                 |           |               |                                  |                 |               |                               |                      |  |
|--|--|---------------------------|-----------------|-----------|---------------|----------------------------------|-----------------|---------------|-------------------------------|----------------------|--|
|  | Appropriate District Office  |                           | Energy, l       |           |               |                                  |                 |               |                               | Revised 1-1-89       |  |
| Rol Review Do, Acada, NM 18100     Samt FP, New Mattion STO42-0288       DETTUTION     Samt FP, New Mattion STO42-0288       DETTUTION     TO TRANSPORT OL AND NATURAL CAS       Contract     Viel ANTA       Contract     Contract and the contract of the contract and the c  | P.O. Box 1980, Hobbs, NM 88240   |                           | OLC             | CONS      | SERVA         | ATION I                          | DIVISIC         | )N            |                               |                      |  |
| Constraints MA, Ales, MA Frill         RECUEST FOR ALLOWABLE AND AUTHORIZATION           I         TOTAINSPORT OL AND INATURAL GAS         Wal ATING           Claytor W, Hillians, Jr., Inc.         20-075-10724           Address         Six Bets & Prive, Suite 3000, Hilliand, Texas 19705           New York         Chaytor W, Calling Song, Daris Interport of the Chick special Chick Specia Chic  | P.O. Drawer DD, Artesia, NM 88210  |                           | Sa              | anta Fe   |               |                                  | 04-2088         |               |                               |                      |  |
| Control         Weil API No.           Addexit         30-025-10724           State Details of Fills (Cherg pages Au)         Electron of Fills (Cherg pages Au)           Metails State Details of Fills (Cherg pages Au)         Electron of Fills (Cherg pages Au)           Metails of Fills (Cherg pages Au)         Electron of Fills (Cherg pages Au)           Metails of Fills (Cherg pages Au)         Cherge Pages (Cherg Pages Au)           Metails of Pages (Cherg Pages Au)         Cherge Pages (Cherg Pages Au)           Metails of Pages (Cherg Pages Au)         Cherge Pages (Cherg Pages Au)           Metails of Pages (Cherg Pages Au)         Cherge Pages (Cherg Pages Au)           Metails (Cherg Pages Au)         Cherge Pages (Cherg Pages Au)           Metails (Cherg Pages Au)         Metails (Cherge Pages Au)           Metails (Cherge Pages Au)         State Au (Cherge Pages Au)           Metails (Cherge Pages Au)         State Au (Cherge Pages Au)           Metails (Cherge Pages Au)         State Au (Cherge Pages Au)           Metails (Cherge Pages Au)         State Au (Cherge Pages Au)           Metails (Cherge Pages Au)         State Au (Cherge Pages Au)           Metails (Cherge Pages Au)         State Au (Cherge Pages Au)           Metails (Cherge Pages Au)         State Au (Cherge Pages Au)           Metails (Cherge Cherge Pages Au)         State Au (ChergeP   | 1000 Rio Brazos Rd., Aztec, NM 87410   | REQ                       |                 |           |               |                                  |                 |               |                               |                      |  |
| Addrest       Six Desta Brive, Suite 3001, Hisland, Texas 19705         Rassell, for Files (CAL proper Aut)       Disgs in Transpoore of<br>the organization in the intervention of the organization of the organizati   |  | <u></u>                   | TOTR            | ANSP      | ORT OI        | AND NA                           | TURAL G         |               | API No.                       |                      |  |
| Reacecid prime (Cheb approx bot)         [L]         Other (Prime acycles)         Prime Cheb approx bot)           New Wid         Charge in Transporter of<br>Integration         Other (Prime acycles)         Prime Cheb approx bother         Prime Cheb approx bother           Name Transporter of<br>Indegration (Prime acycles)         Other (Prime acycles)         Prime Cheb approx bother         Prime Cheb approx bother         Prime Cheb approx bother           Indegration (Prime acycles)         Prime Cheb approx bother         Prime Cheb approx bother         Prime Cheb approx bother         Prime Cheb approx bother           Lection         Indegration (Prime Cheb approx bother)         235 Prime (Prime Cheb approx bother)         Prime Cheb approx bother         Prime Cheb approx bother         Prime Cheb approx bother           Lection         Indegration (Prime Cheb approx bother)         235 Prime (Prime Cheb approx bother)         Prime Cheb approx bother         Prime Cheb apprime Cheb approx bother         Prim Cheb   |  | r., Inc.                  |                 |           |               | <u> </u>                         |                 | 30-           | 025- 10724                    |                      |  |
| Stew With Charge to Charge is Transport of the Steward set of Source Steward set of Source Steward Stew                        |  | 3000, M                   | idland,         | Texas     | 79705         |                                  |                 |               |                               |                      |  |
| Charge is Operation         Control Contecon Control Control Control Contro Control Control Co                                 |  |                           | ·               |           |               |                                  |                 |               |                               |                      |  |
| able adda of genetics synther       Test in the second genetic of the second genetics of the seco   |  |                           |                 |           | <u> </u>      |                                  |                 |               |                               |                      |  |
| Lisse Norm         With No.         Pool Manne, Ionidate Pressive         (Proc fact)         Relief Classe         Lase No.           State A A/C 1         80         Jal Bast Tans111 Yt. Seven Rivers         State, Redenial or Fee         Local No.           Unit Letter 6         :         1980         Peet From The         North         Local No.           Unit Letter 6         :         1980         Peet From The         North         Local No.           In DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Itexas North Resize Pipel InFTO.         Rox 42130         North Lise and regioned copy of Not form is no be read.           Name of Aubotical Transport of Calinghead Gau         or Ordenates         Rox 42130         North 71242           Name of Aubotical Transport of Calinghead Gau         or Dry Cali RT2         Advantus Gine advant to which approved copy of Not form is no be read.           Yee Bodies of unipidate         Unit         State         Traver Rtall Constant         None 7           Vice Control of unipidate         Unit         State         Traver Rtall Constant         None 7           Vice Control of unipidate         Unit         State         Traver Rtall Constant         None 7           Vice Control of unipidate         Unit         State         Traver Rtall Control of No.         None 7   | If change of operator give name ital and address of previous operator ital   | J; Rasua                  | nssen Op        | eratin    | g Inc.,       | Six Desta                        | Drive, Sui      | te 2700,      | Midland, Te                   | xas 79705            |  |
| Stare A/C 1         BD         Jalmat Tansill Yt Steven Sivers 3         Stare Federal or Fed         Desk No.           Location         Util Later 6         1980 Fed From The North Lize and 1980 Fed From The East Lize         East Lize           Socion         15 Township         235 Rango         36E         North Lize and 1980 Fed From The Locations         East Lize           None of Advances Transport of Composition of Condenses         Str. Fed From The Str. Composition of the Str. Society  | A REAL PROPERTY AND A REAL | AND LE                    |                 | Dectar    |               |                                  |                 |               | an Haman at Samana, and saman |                      |  |
| Unit Later       6       1980       Feet From The       East       Lise         Socied       15       Township       235       Range       366       MANTIPAL       County         III.       DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS       Address for each as to which approved copy of his form is to be sead         Name of Automized Transports of Cocdensita       Control       Box 42130       Mouston, Texas 77242         Name of Automized Transports of Cocdensita       Control       Box 42130       Mouston, Texas 77242         Name of Automized Transports of Cocdensita       Control       Six Best Envires, Suite 5000, Hitland, Texas 79705         Year Inscription To Tax       Unit       See       Tay and the see real         Year Disocode is commitigited with that from any obser less or pool, pive commalging order number:       Transport of Completion - (X)       Oil Well       Cas Well       New Well (Workover       Depen       Plug Back [Same Reav Diff Server Diff Ser   | State A A/C 1  |                           | 1               |           |               | -                                |                 |               |                               | Lezse No.            |  |
| Section     15     Township     235     Range     36E  | C  |                           | 1980            | ) Eest En | m The         | North Lin                        |                 | <br>80 r      |                               | Fast                 |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       County of the form is to be sent)         Name of Aubonish Transport of Coll       Of Condensate IXI       Das A2130, Houston, Texas 777242         Name of Aubonish Transport of Coll Campbead Gas       or Dy Gas IXI       Addited (Give addits to which approved copy of this form is to be sent)         Xect Cas Commany       Sta Desta Drive, Suite 5700, Hidland, Texas 79705       IVINE of County Connected I         Weat Produce of Hauka,       Uait       Sec. Tryp.       Ref. If spat activity connected I       Whee 7         I'val produce of unique,       Uait       Sec. Tryp.       Ref. If spat activity connected I       Whee 7         I'val produce of unique,       Uait       Sec. Tryp.       Ref. If spat activity connected I       Whee 7         I'val produce of commigned with thom say other lease or pool, give comminging order number:       IV. COMPLETION DATA       Designate Tryp. of Completion - (X)       Oli Well I Gas Well Workover       Deepea       Plug Back (Same Rav Diff Rev         Designate Tryp. of Completion - (X)       Oli Bac Compl. Ready to Prod.       Total Deept       Plug Back (Same Rav Diff Rev         Designate Tryp. of Completion - (X)       Data Compl. Ready to Prod.       Total Deept       Plug Back (Same Rav Diff Rev         Designate Tryp. of Completion - (X)       Data Compl. Ready to Prod.       Total Deept       Plug Back (Same Rav Diff Rev  |  | ,                         |                 |           |               |                                  | _               | <u> </u>      |                               |                      |  |
| Name of Authorized Transporter of Oil Texas New Mexico Pytical Science of the best sent)       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas       or Dry Ges ETZ       Address (Give address to which approved copy of this form is to be sent)         Size Address of State       Size Company       Size Desize To Watch State       Size State         If well produced to inputsed       Utati       Soc.       Twp.       Rate       Fige address to which approved copy of this form is to be sent)         Size Address of State       Utati       Soc.       Twp.       Rate       Fige address to which approved copy of this form is to be sent)         Total Deptin       Designate Type of Complection - (X)       Oil Weil       Gas Weil       New Weil Workover       Despan       Plug Back Same Restv       Diff Ratv         Designate Type of Complection - (X)       Oil Weil       Gas Weil       New Weil Workover       Despan       Plug Back Same Restv       Diff Ratv         Date Spaced       Date of Concing Formation       Total Depth       P.B.T.D.       Elevated (DF.R.K.R.RT, GR, etc.)       Nume of Producing Formation       Total Depth       P.B.T.D.         Elevated of (DF.R.K.R.RT, GR, etc.)       Nume of Producing Formation       Total Depth       P.B.T.D.       Elevated (DF.R.K.R.RT, GR, etc.)       Diff Ratv       Decha Casing Shoe<  | ·····  |                           |                 |           |               |                                  | MPM,            | <u></u>       | - <u></u>                     | .eaCounty            |  |
| Name of Authonized Transporter of Casingleved Gas       or Dry Casing Transporter of Casingleved Gas       or Dry Casing Transporter of Casingleved Gas       Six Desta Driver, Sufte 5700, Hidland, Texas 79705         Well produces of injuidat, in the form say other lease or pool, pive comminging order sumber:       Twin producing to commingible with bat from say other lease or pool, pive comminging order sumber:       When 7         TVM is producing to commingible with bat from say other lease or pool, pive comminging order sumber:       TW       Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Despen       Prug Back Same Rav       Diff Rev         Date Spaceded       Date Cample Ready to frod.       Total Depth       P.B.T.D.       Eterations (DF, RKB, RT, GR, etc.)       Name of Producing Formations       Top Oil/Ost Pay       Tubing Depth         Furformines       Depth Casing Shoe       TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe         V. TEST DATA AND REQUEST FOR ALLOWABLE       Dits of Test       SACKS CEMENT         Oll WELL       (Test must be give recovery of tool volume of load oil and must be equal to or sacced top allowable for this depth or be for full 24 hours)         Date Fire New Oil Rue To Taak       Date of Test       Producing Method (Flow, pump, gar lift, etc.)         Casing Pressure       Casing Pressure       Cable Size         Actual Pred Test       Dits of Test <t< td=""><td>Name of Authorized Transporter of Oil</td><td></td><td></td><td>o rote</td><td></td><td>Address (Giv</td><td></td><td></td><td></td><td>n is to be sent)</td></t<>   | Name of Authorized Transporter of Oil  |                           |                 | o rote    |               | Address (Giv                     |                 |               |                               | n is to be sent)     |  |
| State         State <th< td=""><td></td><td></td><td></td><td>or Dry</td><td>Gas XXX</td><td colspan="5">Box 42130, Houston, Texas 77242</td></th<>  |  |                           |                 | or Dry    | Gas XXX       | Box 42130, Houston, Texas 77242  |                 |               |                               |                      |  |
| give boxistics of tasks.       Image: Space of Completion of tasks.         If this production is commingled with that from any other lasts or pool, give commingling order number:       Image: Completion of   |  | ,                         |                 |           |               | Six Desta Drive, Suite 5700, Mic |                 |               |                               |                      |  |
| IV. COMPLETION DATA         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepa       Plug Back Same Ref V       Diff Ref V         Date Spadded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       Elevations (DP, RKB, RT, GR, etc.)       Name of Producing Formatioe       Top Oil/Gas Pay       Tubing Depth         Perforations       Depth Casing Shoe       TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SAGKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE  | give location of tanks.  | <u>i</u>                  | 1               |           |               |                                  |                 |               |                               | <del></del>          |  |
| Designate Type of Completion - (X)       Total Depth       Production         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.         Elevations (DP, RKB, RT, GR, etc.)       Name of Producing Formatice       Total Depth       P.B.T.D.         Performation       TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe         Image: Transmit 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.)       Producing Method (Flow, pump, get lift, etc.)         Date First New Oil Rus To Taak       Date of Test       Casing Pressure       Choice Size         Actual Prod. During Test       Oil - Dola       Water - Bbla       Gas-MCF         GAS WELL       Actual Prod. CertTift CATE OF COMPLIANCE       Dista Gravity of Condecestas       Casing Pressure (Shui-in)         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Dista Condecestas/MMCF       Gravity of Condecestas       Gale Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Date Approved       Gale Approved  | IV. COMPLETION DATA  | from any of               | her lease or    | pool, giv | e comming     | ing order num                    | xer:            |               | <u> </u>                      |                      |  |
| Elevations (DF, RKB, RT, CR, etc.)       Name of Producing Formation       Top Di/Oak Pay       Tubing Depth         Performations       Depth Casing Shore       Depth Casing Shore         TUBING, CASING AND CEMENTING RECORD       Depth Casing Shore         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET         SACKS CEMENT       SACKS CEMENT         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET         SACKS CEMENT       SACKS CEMENT         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET         SACKS CEMENT       SACKS CEMENT         Sacks CEMENT       SACKS CEMENT         Langth of Test       Date of Test         Producing Method (Plow, pump, gas 1(R, etc.))       Date of Test         Casing Pressure       Choke Size         Casing Pressure       Choke Size         GAS WELL       Casing Pressure (Shu-ta)         Casing Pressure (Shu-ta)       Choke Size         VL OPERATOR CERTIFICATE OF COMPLIANCE<br>Is true and complete to the best of my knowkdgs and belief.       Casing Pressure (Shu-ta)         Signature       Oil Conservation<br>Division have been complete with and that the information given above<br>is true and complete to the best of my knowkdgs and belief.       Date Approved   | Designate Type of Completion   | - (X)                     | Oii Weii<br>    |           | Gas Well      | New Well                         | Workover        | Deepen        | Plug Back S:                  | ame Res'v Diff Res'v |  |
| Perforations       Depth Casing Shoe         TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET         SACKS CEMENT       SACKS CEMENT         Uning UPH Set       Date of rest         Uning UPH Set       Date of rest         Uning Test       Date of rest         GAS WELL       Casing Pressure         Actual Prod. Uning Test       Oil - Dbls.         Casing Pressure (Shu-ta)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Date Approved         Divide bave bees complete to the bas of my twowledge and belief.       OIL CONSERVATION DIVISION         Divide bave bees complete to the bas of my twowledge and belief.       Set <t< td=""><td>Date Spudded</td><td>Date Com</td><td>pl. Ready to</td><td>Prod.</td><td></td><td>Total Depth</td><td>L</td><td></td><td>P.B.T.D.</td><td> <u>I</u></td></t<>   | Date Spudded   | Date Com                  | pl. Ready to    | Prod.     |               | Total Depth                      | L               |               | P.B.T.D.                      | <u>I</u>             |  |
| TUBING, CASING AND CEMENTING RECORD         TUBING, CASING AND CEMENTING RECORD         HOLE SIZE         DEPTH SET         SACKS CEMENT         OLD WELL Class & DEPTH SET         SACKS CEMENT         Date First New Oil Rus To Task         Date of Test         Date of Test         Choice Size         OLD Choice Size         OIL CONSERVAT  | Elevations (DF, RKB, RT, GR, etc.)   | Name of F                 | roducing Fo     | ormation  |               | Top Oil/Gas 1                    | ay              |               | Tubing Depth                  |                      |  |
| HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT  | Perforations   | <u> </u>                  |                 |           |               | <u> </u>                         |                 | . <u> </u>    | Depth Casing S                | Shoe                 |  |
| HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT  |  |                           | TUBING,         | CASIN     | NG AND        | CEMENTI                          | NG RECOR        |               |                               |                      |  |
| 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 Rus To Taak       Date of Test         Length of Test       Tubing Pressure         Actual Prod. During Test       Oil - Bblz         GAS WELL       Oil - Bblz         Actual Prod. Test - MCF/D       Length of Test         Bbls.       Condensate/MMCF         Gas WELL       Casing Pressure (Shul-in)         Casing Pressure (Shul-in)       Casing Pressure (Shul-in)         Casing Pressure (Shul-in)       Casing Pressure (Shul-in)         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Date of the Oil Conservation Division have been complete to the best of my knowledge and belief.         Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.       Date Approved  | HOLE SIZE  |                           |                 |           |               |                                  |                 | SA            | SACKS CEMENT                  |                      |  |
| 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 Rus To Taak       Date of Test         Length of Test       Tubing Pressure         Actual Prod. During Test       Oil - Bblz         GAS WELL       Oil - Bblz         Actual Prod. Test - MCF/D       Length of Test         Bbls.       Condensate/MMCF         Gas WELL       Casing Pressure (Shul-in)         Casing Pressure (Shul-in)       Casing Pressure (Shul-in)         Casing Pressure (Shul-in)       Casing Pressure (Shul-in)         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Date of the Oil Conservation Division have been complete to the best of my knowledge and belief.         Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.       Date Approved  |  | <u> </u>                  |                 | · · · ·   |               |                                  |                 |               |                               |                      |  |
| 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 Rus 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       Gas- MCF         GAS WELL       Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (plior, back pr)       Tubing Pressure (Shul-in)       Casing Pressure (Shul-in)       Casing Pressure (Shul-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Intreby certify that the nules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signame       Date       Tubing (915) 682-6324       Title         June 7, 1991       (915) 682-6324       Telephone No.       Title   |  |                           |                 |           |               |                                  |                 |               |                               | <u></u> ,            |  |
| 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.       Cast- MCF         GAS WELL       Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (pitor, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Isola omplete with and that the information given above is true and complete to the best of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONISERVATION DIVISION         Signame       Date Of the Office Size       Date Approved       Signame         Date       Title       Title       Title  |  |                           |                 |           | il and must   | be equal to or                   | exceed top allo | wable for thi | s depth or be for             | full 24 hours.)      |  |
| Actual Prod. During Test       Oil - Bblz       Water - Bblz       Gas- MCF         GAS WELL       Actual Prod. Test - MCF/D       Length of Test       Bblz. Condensate/MMCF       Gravity of Condensate         Testing Method (pilor, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE<br>I hereby certify that the rules and regulations of the Oil Conservation<br>Division have been complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Darothea Owens       Regulatory Analyst       Date         Signature       Title       Title       Title         June 7, 1991       (915) 682-6324       Telephone No.       Telephone No.  |  | 1                         |                 |           |               |                                  |                 |               |                               | <u></u>              |  |
| GAS WELL         Actual Prod. Test - MCF/D       Length of Test         Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (pitor, back pr.)       Tubing Pressure (Shut-in)         Casing Pressure (Shut-in)       Casing Pressure (Shut-in)         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Ihereby certify that the nules 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.       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       Date Approved         Signature       Dorothea. Owens       Regulatory Analyst         Prinside Name       Tule         _line 7, 1991       (915). 682-6324         Date       Telephone No.  | Length of Test   | Tubing Pressure           |                 |           |               | Casing Pressure                  |                 |               | Choke Size                    |                      |  |
| Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (pice, 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       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Dorothea Owens       Regulatory Analyst         Printed Name       Title         June 7, 1991       (915) 682-6324         Date       Telephones No.   | Actual Prod. During Test   | Oil - Bbls.               |                 |           | Waler - Bbls. |                                  |                 | Gas- MCF      |                               |                      |  |
| Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (pice, 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       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Dorothea Owens       Regulatory Analyst         Printed Name       Title         June 7, 1991       (915) 682-6324         Date       Telephones No.   | GAS WELL   |                           |                 | -         |               | <u>_</u>                         |                 |               |                               |                      |  |
| 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 beat of my knowledge and belief.         Date         Out CONSERVATION DIVISION         Division have been complied with and that the information given above         is true and complete to the beat of my knowledge and belief.         Date         Date         Signature         Dorothea       Regulatory Analyst         Printed Name         Title         June 7, 1991       (915) 682-6324         Date  | _  | Length of Test            |                 |           |               | Bbls. Condensate/MMCF            |                 |               | Gravity of Condensate         |                      |  |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Division have been complied with and that the information given above<br>is true and complete to the best of my knowledge and belief.<br>Dorothea Owens Regulatory Analyst<br>Printed Name Title<br>June 7, 1991 (915) 682-6324<br>Date Telephone No.   | Testing Method (pilot, back pr.)   | Tubing Pressure (Shut-in) |                 |           |               | Casing Pressure (Shut-in)        |                 |               | Choke Size                    |                      |  |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Division have been complied with and that the information given above<br>is true and complete to the best of my knowledge and belief.<br>Dorothea Owens Regulatory Analyst<br>Printed Name Title<br>June 7, 1991 (915) 682-6324<br>Date Republic No.  | VL OPERATOR CERTIFIC   | L<br>ATE OF               | COMP            | LIAN      | CE            |                                  |                 |               | L                             |                      |  |
| is true and complete to the best of my knowledge and belief.  Denother Owens  Signature  Dorother Owens  Regulatory Analyst  Printed Name  June 7, 1991 (915) 682-6324 Date  Telephone No.  Date Approved  Date Approved  Title  Title Title  Title  Title Ti | I hereby certify that the rules and regula   | uions of the              | Oil Conserv     | ration    |               |                                  | NL CON          | ISERVA        | ATION DI                      | VISION               |  |
| Signature     By       Dorothea Owens     Regulatory Analyst       Printed Name     Title       June 7, 1991     (915) 682-6324       Date     Telephone No.   | is true and complete to the best of my is  | nowledge as               | ad belief.      |           |               | Date                             | Approve         | t it it       |                               | 1                    |  |
| Printed Name Title |  | Our                       | u               |           |               |                                  |                 |               |                               |                      |  |
| Lune 7, 1991 (915) 682-6324<br>Date Telephone No.  | Dorothea Owens   | Regulat                   | <u>ory Anal</u> |           |               |                                  |                 |               |                               | <u> </u>             |  |
|  | June 7, 1991   | <u>(915) 6</u>            |                 |           |               | Title_                           |                 |               |                               |                      |  |
|  |  |                           |                 |           |               |                                  |                 | •             |                               |                      |  |

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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.