Submit 5 Copies
Appropriate District J
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

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 87410	REQ	UEST F	OR AL	LOWA	BLE A	TUA ON	HORIZ	ZATION						
I.		TO TRA	NSP	ORT OIL	AND	NATUE	RAL GA							
Operator					-	API No.	/							
Address								30-025						
Six Desta Drive, Suite 30	000 M	idland,	Texas	79705		Ì		)						
Reason(s) for Filing (Check proper box)	)	<b>G</b> i-	. T	£:	X	Other (Pl	eas expla	Úr)						
New Well	Oii	Change in	Dry Ge	_		ge in O		name or	ıly.					
Change in Operator	Caningho	ad Gas 🔲	Conden	_			., 01, 33	<u> </u>						
If change of operator give name.  and address of previous operator  C	layton W.	William:	s, Jr.	, Inc.						, <u>.</u>				
II. DESCRIPTION OF WELL	L AND LE	EASE J	TA-	Shu	r -7									
Lease Name		Well No.	Pool N	ame, Include			- 60		of Lease					
State A AC 1		70	Lane	glie Mat	tix /	Kvrs Qu	een ub	3022						
Location H		1980	East Ea	om The _N	orth	line and	66	50 <b>r</b>	eet From The	East	Line			
Unit Letter H	·	1300	_ real fr			_ 1106 900		<u> </u>	et Florii The					
Section 15 Towns	hip 2	235	Range	36	E	, NMPM,	<u> </u>		Lea		County			
III. DESIGNATION OF TRA	NSPORT	ER OF O	IL AN	D NATU	RAL G	AS								
Name of Authorized Transporter of Oil	[XX	or Conde			Address (Give address to which approved copy of this form is to be sent)									
Texas New Mexico Pipeline Name of Authorized Transporter of Case		XX	or Dry	Gas [		42130			xas 77242	form is in he .	ent)			
Xcel Gas Company.		تمما	O. Diy	<b></b>	1	ta Dr.,				copy of this form is to be sent) Midland, Texas 79705				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas a	ctually con	nected?	Whe	<b>2</b> ?					
If this production is commingled with the	4 from 20 0	her lesse or		e commine	ine celer									
IV. COMPLETION DATA	E HOLL MAY O	2001 FREED OF	pout, gav	e consiste	TER CHOCK	BALLACE .								
Designate Type of Completion	. ~	Oil Well		Gas Well	New '	Well   Wo	rkover	Deepen	Plug Back	Same Res'v	Diff Resiv			
Data Spudded		npl. Ready to	Prod	<del></del>	Total D	epth			P.B.T.D.					
						• 								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Der	Tubing Depth				
Perforations				•	!				Depth Casi	Depth Casing Shoe				
					• •									
	TUBING, CASING AN				CEME			<u> </u>		SACKS CEMENT				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEP	TH SET		1	SAOKS CEMENT				
									-					
		•			<del>-</del>									
V. TEST DATA AND REQUI	EST FOR	ALLOW	ABLE				<del></del> ,							
OIL WELL (Test must be after				oil and must	be equal	to or exce	ed top allo	wable for th	is depth or be	for full 24 hou	rs.) ·			
Date First New Oil Run To Tank	Date of T	es			Producti	ng Method	(Flow, pie	mp, gas lift,	elc.)					
Length of Test	Tubing P	resaure		_	Casing	Pressure		<del></del>	Choke Size					
									C V/CE					
Actual Prod. During Test	Oil - Bbli	L.			Water -	Bble			Gas- MCF	Gas- MCF				
CAC TITLE									!					
GAS WELL Actual Frod Test - MCF/D	Leagth of	Test			Bbls. C	onden min/	AMCF		Gravity of	Condensate				
			_											
Testing Method (pust, back pr.)	Tubing Pi	ыны (2ри	(-m)		Casing	Pressure (S	hut-ia)		Choke Size					
M. ODED A TOD CERTIFIC	CATEO	E COM	T TAN	TCE	<del> </del>		<del></del> -			<del></del>				
VI. OPERATOR CERTIFIC  I hereby certify that the rules and reg				ICE		OIL	CON	SERV	<b>ATION</b>	DIVISIO	N			
Division have been complied with an	d that the infe	ormatica giv	es above	I					97	4000	•			
is true and complete to the best of my	7 EUROWINGEN					ate Ap	prove	<b>.</b>	UL 27	1993				
Robin S. morally					Omin Cianali									
Signature			Ac-1		By Orig. Signed by Paul Kautz						<del></del>			
Robin S. McCarley Printed Name	<u> </u>	oduction	Analy Title	st	-	itle		Geo	ologist					
04/01/93	(9	15) 68 <u>2</u> -0	6324		∥ '	IIIA	<del></del> -							
Date		Tele	phoes N	io.	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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzeo	, NM 87410	REO	UEST F	OR AL	LOWAE	BLE AND A	AUTHORI	ZATION									
I.						AND NAT											
Operator		Well API No.															
Clayton W. W	illiams, J	r., Inc.	•			30-025- 10726											
Address Six Desta Dr	iva Suita	3000 N	Midland	Toyas	79705												
Reason(s) for Filing (Check		3000, 1	Tidiana,	16743	7 57 0 5	KX Othe	t (Please expi	(זענ			<del></del>						
New Well			Change in	Transpo	rter of:		,	•		•							
Recompletion	5	Oil		Dry Ga		effecti	ve July 1,	1991									
Change in Operator	- k	Camphe	ad Gas	Conden													
If change of operator give a and address of previous ope	ame rator Hal J			rating	Inc., S	ix Desta N	rive, Suit	e 2700. M	idland. I	exas 79705	<u> </u>						
II. DESCRIPTION	OF WELL .	AND LE	ASE	TA)			_										
Lease Name			Well No.	Pool N	me, includ	ng Formation		:	of Lease	1	ease No.						
State A A/C	1		70	Lang	lie Matt	ix Seven R	vs. Queen	GB State.	<del>TXXXXXXXXX</del>	X							
Location Unit Letter	Н		1980	Feet Fro	om The	North Line	and 660	Fe	et From The	East	Line						
Section 15	Township		23\$	Range			ирм.	Lea	•		County						
Secuo	Township	<b>'</b>		Kange		, 1410	Artii,				County						
III. DESIGNATION					D NATU		address to wi	uch approved	CODY of this fi	orm is to be ea	ent)						
I Total Control of the Control of th	Name of Authorized Transporter of Oil XX or Condensate  Texas New Mexico Pipeline Co.							Address (Give address to which approved copy of this form is to be sent)  Box 42130, Houston, Texas 77242									
Name of Authorized Transp			XX	or Dry	Gas	Address (Give address to which approved copy of this form is to be sent)											
Xcel Gas Company	/					Six [	Desta Driv	e, Suite	5700, Mid1	and, Texa	s 79705						
If well produces oil or liqui give location of tanks.	ds,	Unuit 	Sec.	Twp. 	Rge.	is gas actually	connected?	When	?								
If this production is commin	gled with that f	rom any ou	her lease or	pool, gav	e commingi	ing order numb	er:										
IV. COMPLETION	DATA					1		·		10 0 .	b.~ a						
Designate Type of (	Completion -	· (X)	Oil Well	1 1 0	Gas Well	New Well	Workove:	Deepen	Plug Back	Same Resiv 	Diff Resiv						
Date Spudded			ipi. Ready to	Prod.		Total Depth		<b>I</b>	P.B.T.D.	<u>.                                    </u>	1						
Elevations (DF, RKB, RT, C	GR, etc.)	Name of I	Producing F	omation		Top Oil/Gas Pay Tubing Depth											
i		! :				Depth Casing Shoe											
Perforations									Depth Casin	g Snoe							
:			TUBING.	CASI	NG AND	CEMENTIN	NG RECOR	D	-10-2-7								
HOLE SIZE		<del></del>	SING & TI			DEPTH SET SACKS CEMENT											
		!							·								
	<u> </u>							<del> </del>									
						<del></del>											
V. TEST DATA AN	D REQUES	T FOR	ALLOW	ABLE	<del>., ., .</del>												
					oil and must	be equal to or	exceed top allo	wable for the	s depih or be f	or full 24 how	rs )						
Date First New Oil Run To	Tank	Date of Te	est	-		Producing Me	thod (Flow, pu	υπφ. gas lýt, e	tc.j								
Length of Test		: :Tubing Pr				Casing Pressu	re		Choke Size								
Langue of Fea		Tubing Pressure															
Actual Prod. During Test   Oil - Bbls.									Gas- MCF								
GAS WELL		· · · · · · · · · · · · · · · · · · ·															
Actual Prod. Test - MCF/D	<del></del>	Length of	Test			Bbis. Condens	MMCF		Gravity of C	ondensate							
	1100 100 100 100 100								:								
Tosting Method (puot, back	pr.)	Tubing Pr	ressure (Shu	l-m)		Casing Pressu	re (Shut-in)		Choke Size								
VI OPERATOR C	ERTIFIC	ATE OF	F COMF	PLLAN	CE		NI 00:	1055	A T : C : : :	D. 46:5							
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.									1111 1	0 1001							
is true and complete to t	ne best of my t	nomicage :	ena ochet.			Date	Approve	d	UUL I	9 1991							
Dans	thea (	ma	u				<b>CM</b> GINA	L SIGNED	RY (EDRY)	CEVTAL							
Signature						∥ By_	; Di	STRICTIS	BY JERRY : Upervisoi	SEYION							
Dorothea Owe	ens R	legulato	ry Analy	st Tide		TiAle	발·										
June 7, 1991	(	915) 68				Hille.				<u>-</u>							
Date			Tele	ephone N	o.	11											

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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

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

#### OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		San	ta Fe, Nev	w M	fexico 87504-2088								
	REQ	UEST FO	R ALLO	NΑ	BLE AND AUTHORI	ZATION							
I. Operator		TOTRAN	SPORT	01	LAND NATURAL G								
Hal J. Rasmussen Operating, Inc. Address													
Six Desta Drive, Su		), Midla	nd, Tex	as	79705								
Reason(s) for Filing (Check proper box) New Well		Chance is T	· · · · · · · · · · · · · · · ·		A Other (Please expl	air)							
Recompletion Oil Dry Gas Change in name													
Change in Operator	Casinghea		Condensate										
If change of operator give name and address of previous operator Ha.	l J. Ras	smussen,	306 W.	Wa	all, Suite 600, N	didland,	Texas 79	701	<del></del>				
II. DESCRIPTION OF WELL	AND LE	ASE TA	4					<del></del>	<del></del>				
Lesse Name State A Ac 1 Location					ing Formation ttix 7 Rvrs Quee		of Lease Federal or Foo	L	ease No.				
Unit Letter H	_:_198	<u>0</u> . F	eet From The	<b>:</b>	North Line and 660	F	eet From The	ast	Line				
Section 15 Township 23 S Range 36 E , NMPM, Lea County													
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NA	TU	RAL GAS								
Name of Authorized Transporter of Oil	X	or Condensat	¢ 🗀		Address (Give address to which approved copy of this form is to be sent)								
Texas New Mexico Pip	eline C				Box 42130, Houston, Texas 77242								
El Paso Nat'l Gas &	ame of Authorized Transporter of Casinghead Gas X or Dry Gas C El Paso Nat'l Gas & Phillips 66 Nat'l Gas						Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas						
If well produces oil or liquids, give location of tanks.	Unit	ĺ	1		Is gas actually connected?	When	?						
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or poo	d, give comm	ningli	ing order number:	<u>-</u>							
Designate Type of Completion	- (X)	Oil Well	Gas Wel	I	New Well   Workover	Deepes	Plug Back Sam	ie Res'v	Diff Res'v				
Date Spudded	Date Comp	I. Ready to Pri	od.		Total Depth		P.B.T.D.		<u> </u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation	_	Top Oil/Gas Pay								
					Top Cit Cas 1 ay		Tubing Depth						
Perforations				Depth Casing Shoe									
	T	UBING, CA	ASING AN	1D (	CEMENTING RECORD	<u> </u>	<u> </u>						
HOLE SIZE		ING & TUBIN			DEPTH SET	<del></del>	SACK	S CEME	NT				
	<b> </b>			[									
				$\dashv$				<del></del>					
V. TEST DATA AND REQUES OIL WELL Test must be often re													
Date First New Oil Run To Tank	Date of Test	I volume of lo	oad oil and m	ust b	t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)								
	0, 10,0			ľ	rounding friedron (1 10w, park	φ, gas iyi, zi	<i>c</i> )						
ength of Test	Tubing Press	sure .		1	Casing Pressure		Choke Size						
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.		Gas- MCF						
GAS WELL	<del></del>	<del></del>	<del></del>		<del></del>	1		<del></del>					
uctual Prod. Test - MCF/D	Length of Te	:st			Bbls. Condensate/MMCF		Gravity of Conden	cate					
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size						
L OPERATOR CERTIFICA	TE CF	COMPLIA	ANCE	[									
I hereby certify that the rules and regulations (if the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION AUG 2 1 1989								
is true and complete to the best of my knowledge and belief.					Date Approved								
Signature Scott Kamay					By DISTRICT I SUPERVISOR								
Wm. Scott Ramsey Printed Name	Ge	neral Ma											
July 13, 1989	91	Tiue 5-687-16			Title								

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Telephone No.

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