Submit 5 Copies
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

| 1000 Rio Brazos Rd., Aziec, NM 87410 I. | REQ | | - | | | | AUTHORIZ | | | • | | |
|--|--|-------------------------|---------------|--|---------------|-------------------------------|---------------------------------------|---------------|------------------------------------|-----------------|---------------|--|
| Operator | | | | | | | | | PI No. | | | |
| Clayton Williams Energy, A | t.c. | Inc. | | | | | | 30 | -025-1072 | 8 | | |
| Address | 20 | M: 4 | 1 1 | T | 70 | 705 | | | | | | |
| Six Desta Drive, Suite 300 Reason(s) for Filing (Check proper box) | JU | M1 | land, | lexa | 15 /9 | | et (Please expla | zin) | | | | |
| New Well | | Change in | Тпавер | orter o | f: | Change i | in Operato | r name on | ly. | | , | |
| Recompletion | Oii | | Dry G | ias | | | ve 04/07/93 | | • | | | |
| Change in Operator | Casinghe | ad Gas 📋 | Conde | ************************************** | <u> </u> | | | | | | | |
| If change of operator give name and address of previous operator | ayton W. | William | s, Jr | ., Ir | nc. | | | | | · | | |
| II. DESCRIPTION OF WELL | AND LE | ASE | | | | | | | | | | |
| Lease Name Well No. Pool Name, Include | | | | | | ng Formation | · · · · · · · · · · · · · · · · · · · | | f Lease Fee Lease No. | | | |
| W. T. Matkins WN | Sute: Pality | | | | | | | | 7-66/16/20/7-0 | | | |
| Location | | | | | | | | | | | | |
| Unit LetterJ | _ :1 | 980 | Feet F | From T | he So | outh Lim | and19 | 180 F | et From The | East | Line | |
| Section 15 Townshi | • 2 | 3\$ | Range | | 368 | - N1 | ирм, | | Lea | | County | |
| Section 15 Townsell | <u> </u> | .50 | | <u>- </u> | | | | | | | | |
| III. DESIGNATION OF TRAN | SPORT | | | ND N | ATU | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil | XX | or Condet | sale | | | 1 | e address to wi | • • | | orm is 10 be se | ine) | |
| Texas New Mexico Pipeline Name of Authorized Transporter of Casin | | [XX] | or De | y Gas | | Box 4213 | | ton, Texa | | orm is to be se | ent) | |
| GPM Gas Corporation | | المما | OI DI | , 👊 | | Bartlesv | | ach approve | i copy of this form is to be sent) | | | |
| If well produces oil or liquids, | Unit | Sec. | Twp. | $\neg \vdash$ | Rge. | Is gas actually | | Whea | ? | | | |
| give location of tanks. | <u>i </u> | <u> </u> | <u> </u> | | | <u> </u> | | | | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any ot | | | | | | | | · · · · · | la su | lover now. | |
| Designate Type of Completion | - (X) | Oil Well | | Gas W | Vell . | New Well | Workover | Deepen | i Prug Back | Same Res'v | Diff Res'v | |
| Date Spudded | | pi. Ready to | Prod. | | | Total Depth | <u></u> | <u> </u> | P.B.T.D. | <u> </u> | | |
| • | | | | | | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | | Top Oil/Gas | Pay | | Tubing Dep | th | | | | | | |
| Perforations | <u> </u> | | | | | | | | Depth Casir | ng Shoe | | |
| | | | | | | | | | • | | | |
| | | TUBING, | CAS | ING A | AND | CEMENTI | NG RECOR | D | | | | |
| HOLE SIZE | CA | ASING & TI | JBING | SIZE | | DEPTH SET | | | | SACKS CEM | ENT | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| V. TEST DATA AND REQUES | | | | | | | | | | | | |
| OIL WELL (Test must be after t | ecovery of | iotal volume | of load | i oil an | d must | | | | | for full 24 hou | rs.) <u> </u> | |
| Date First New Oil Run To Tank | Date of T | es | | | | Producing Me | ethod (Flow, pa | emp, gas lýt, | etc.) | | | |
| Leagth of Test | Tubing Pr | ressure | · | | | Casing Pressu | ıre | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbla | | | | | Water - Bbis. | | | Gas- MCF | Gas- MCF | | |
| Actual Prod. During Test Oil - Bbls. | | | | | | | | | | | | |
| GAS WELL | <u> </u> | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Leagth of | Test | | | | Bbis. Conden | sate/MMCF | <u>.</u> | Gravity of | Condensate | | |
| | | | | | | | | | | | | |
| Testing Method (pitet, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Press. | ure (Shut-in) | | Choks Size | | | | |
| VI. OPERATOR CERTIFIC | ATE O | F COM | PLIA | NCF | | | | | | D0 #2:2 | 341 | |
| I hereby certify that the rules and regul | | | | | | (| DIL COM | ISERV | ATION | DIVISIO | אכ | |
| Division have been complied with and | that the infe | ormatice giv | rea abor | ve | | | Approve | 1111 | 27 199 | 3 | ٠. | |
| is true and complete to the best of my | TOWNSON. | and Deliver. | | | | Date | Approva | d JUL | D 1 155 | | | |
| Robin 1 m | Carl | 1 | | | | | | | | | | |
| Signature | | y | - | | | By Orig. Signed by Paul Kautz | | | | | | |
| Robin S. McCarley | Рго | duction A | | st | | | | Geolo | | | | |
| Printed Name | /04 | E) CO2 C | Title | | | Title | | | | | | |
| 04/12/93 Date | (91) | 5) 682-6: Tel | s74 ophose | 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 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.

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| DISTRICT III | Santa Fe, New Mexico 87504-20 |
|--------------------------------------|-------------------------------|
| 1000 Rio Brazos Rd., Aztec, NM 87410 | REQUEST FOR ALLOWABLE AND AUT |
| | |

| I. | REC | UEST I | FOR | ALL | AWO. | BLE AND | AUTHO | RIZATIO | N T | | | | |
|--|-----------------|------------------------|---------|---------------|---------------|--|-----------------------|-------------------|---------------------|---------------|--|--|--|
| Operator | | 1011 | AN | 570 | HIO | L AND NA | TURAL | | ell API No. | | · | | |
| Clayton W. Williams, Jr., Inc. | | | | | | | 36-625-10728 | | | | | | |
| Address | | M = 43 1 | | | | | · | | | | | | |
| Six Desta Drive, Su Reason(s) for Filing (Check proper be | ax) | midiand, | ıex | cas / | 9705 | XX Ou | her (Please ex | odain) | | | ······································ | | |
| New Well Change in Transporter of: | | | | | | | | | | | | | |
| Recompletion Change in Operator | y Gas | effective July 1, 1991 | | | | | | | | | | | |
| If change of operator give name | Casingh | | | udens21 | | | | | | | | | |
| and address of previous operator Ha | l J. Rasmus | ssen Ope | rati | ng,] | nc., | Six Desta | <u>Drive. Su</u> | it <u>e 2700.</u> | Midland. Te | xas 7970 | 5 | | |
| II. DESCRIPTION OF WEI | LL AND LE | EASE | | | SI | | | | | | , | | |
| Lease Name Matkin | | ling Formation | | I | ease No. | | | | | | | | |
| Location | | 6 * | | Lang | ire m | attix SR Q | n en | 386 | or Fee | | | | |
| Unit LetterJ | . : | 1980 | Fee | t Emm | 77.4 | South Lin | | oe. | | | | | |
| Section 15 Tour | | | | • • • • • • • | | VOUCII LID | e and | 80 | Feet From The _ | Fast | Line | | |
| Section 15 Tow | nship 2 | 235 | Ran | ige | 36E | ,N | МРМ, | | | · | County | | |
| III. DESIGNATION OF TR | ANSPORTI | ER OF O | IL A | ND I | NATU | RAL GAS | | | | | | | |
| Transe of Munouzed Transporter of O | 1 1202 T | or Conde | nsate | | <u> </u> | Address (Give address to which approved copy of this form is to be sent) | | | | | | | |
| Texas New Mexico Pip Name of Authorized Transporter of Ca | einghead Gas | | or r | ry Ga | | | 2130, Hou | | | | | | |
| | | | OI L | ny Gai | , Ш | Address (Giv | e address to v | vhich approv | ed copy of this for | m is to be se | int) | | |
| If well produces oil or liquids, give location of tanks. | Unit | Soc. | Twp | 1 | Rge. | ' | | Who | en ? | | | | |
| If this production is commingled with the IV. COMPLETION DATA | iat from any oi | her lease or | pool, | give co | ommingl | ing order numb | жг: | | | | | | |
| Designate Type of Completion | | Oil Well | i | Gas | Well | New Well | Workover | Deepen | Plug Back S | ame Res'v | Diff Res'v | | |
| Date Spudded | Date Com | pl. Ready to |) Prod | • | | Total Depth | | | P.B.T.D. | - | <u> </u> | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of P | roducing Fo | ormatic | on | | Top Oil/Gas F | | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations | | | | | | Tubing Depth | | | | | | | |
| CHOLAHOUS | | | | | | | | | Depth Casing | Shoe | | | |
| | | UBING. | CAS | ING | AND | CEMENTIN | IC PECOT | ir. | <u> </u> | | | | |
| HOLE SIZE | CAS | SING & TU | BING | SIZE | 70,0 | DEPTH SET SACKS CEMENT | | | | | | | |
| | | | | | | | | | | ONO OLIVIE | 111 | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| V. TEST DATA AND REQUIDED IL WELL (Test must be after | | | | | | / | ··· | | | | | | |
| OIL WELL (Test must be after Date First New Oil Run To Tank | Date of Tes | iai volume c | of load | l oil an | d must b | ve equal to or e Producing Met | exceed top allo | owable for th | is depth or be for | full 24 hours | i.) | | |
| | | - | | | ŀ | i ionang met | nou (<i>Flow, pl</i> | imo, gas iyi, | eic.) | | | | |
| ength of Test | Tubing Pres | sure | | | | Casing Pressur | e | | Choke Size | | | | |
| actual Prod. During Test | Oil - Bbls. | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | | | |
| GAS WELL | | | | | | | | | <u></u> | | | | |
| ctual Prod. Test - MCF/D | Length of T | cst | | | | Bbls. Condensa | te/MMCE | | Gravity of Cond | | | | |
| | | | | | | | - Individu | | Gravity of Cond | entate | | | |
| ng Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | | 1 | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| I. OPERATOR CERTIFIC | ATE OF | COMPI | .IAì | NCE | | | | | L | | | | |
| 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. | | | | | | OIL CONSERVATION DIVISION | | | | | | | |
| O e a The | | oenel. | | | | Date A | Approved | dt | 2.00 - 1 - 2 - 5 | 11 (PA) | | | |
| | | | | | | By ORIGINAL SIGNED BY JERRY SEXTON | | | | | | | |
| Signature Dorothea Owens Regulatory Analyst Printed Name Title | | | | | _ | DISTRICT I SUPERVISOR | | | | | | | |
| June 7, 1991 (915) 682-6324 | | | | | | Title | | | | | | | |
| Date | | Teleph | | lo. | - | | | | • | | | | |

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.
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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

| I. Operator | ne | TOTRA | UH AL NSPO | DRT (| ABLE AN OIL AND N | D AUTHO NATURAL | RIZATI(| NC | | | |
|---|--------------------------------|----------------------------|--------------------------|---------|--|-----------------------------------|---------------|--------------------------------|--|--|--|
| Hal J. Rasmu | issen Oner | | | | | MICHAL | GAS T | Well API No. | | | |
| Address | ssen oper | acing, i | inc. | | | | | 30-025 ⁻¹ | .0728 | | |
| 6 Desta Driv | e, Suite | 2700, Mi | dland | l, TX | 79705 | | | | | | |
| Reason(s) for Filing (Check proper | bax) | | | | XX (| Other (Please ex | plain) | | | | |
| Change in Transporter of: Change in | | | | | | | | : lease name from WT Matkins # | | | |
| Change in Operator | Oil Carinal | _ | Dry Gas | |] | | | name from | MI MACKINS # | | |
| If change of operator give name | | | Condens | | <u> </u> | | | | | | |
| and address of previous operator | | | ig Co. | , P. | O. Box | 877, Wic | hita F | alls, TX 76 | 307-0877 | | |
| II. DESCRIPTION OF W | ELL AND L | EASE | | | | | | | | | |
| W. T. Matkin | c W M | | | | ding Formatio | | K | ind of Lease | 1 | | |
| Location | 5 W. N. | 6 | Lang | lie- | Mattix 7 | R-Q-GB | | ate, Federal on Fee | Lease No. | | |
| Unit LetterJ | 1 | 980 | Feel Emm | т. | South Li | . 19 | 80 | | Dank | | |
| Section 15 To | waship 2 | 35 | Range | | 36E | ne and | | Feet From The Lea | EastLir | | |
| | | | | | | √МРМ, | | | County | | |
| III. DESIGNATION OF TI | RANSPORT | ER OF OIL | AND | NATU | JRAL GAS | | | | | | |
| Texas New Mexico P | | or Condensa | 16 <u></u> | 7 | Address (Gi | ve address to w | hich appro | ved copy of this form | is to be sent) | | |
| Name of Authorized Transporter of (| Paringhand Con | CV-91 | | | BOX 42 | | | | | | |
| Phillips Petroleum | -Co.6672 | itl gas | r Dry Gas | ت ا | Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | | wp. | Ree | ge. Is gas actually connected? When? | | | | | | |
| | J | l 15 1 | 23s i | 308 | 1 | | Wu | en / | | | |
| If this production is commingled with IV. COMPLETION DATA | that from any od | ner lease or poo | d, give co | mming | ling order num | ber: | | | | | |
| Designate Type of Complete | ion - CO | Oil Well | Gas 1 | Well | New Well | Workover | Deepen | Plug Back Sam | ne Res'v Diff Res'v | | |
| Date Spudded | | Date Compl. Ready to Prod. | | | | Ĺ | | Dill Resy | | | |
| | Date Com | n. Kezdy to Pro | oa. | | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Pr | oducing Forms | uion. | | Top Oil/Gas F | | | _ | | | |
| Perforations | | | | | , | -, | | Tubing Depth | | | |
| - Chicagons | | | | | | | | Depth Casing Sho | ×e | | |
| | 7 | UDDIG GA | 0010 | | | | | | | | |
| HOLE SIZE | CAS | UBLING, CA | SING A | AND (| | IG RECORI |) | | | | |
| | HOLE SIZE CASING & TUBING SIZE | | | | | DEPTH SET | · | SACK | S CEMENT | | |
| | | | | | | | | - | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQU | CCT FOR A | LOWED | ~ | | | | | | ······································ | | |
| OIL WELL (Test must be after | COLFUR AL | TOWARD | 1 5 14 all and | | • . | | | | | | |
| Date First New Oil Run To Tank | Date of Test | volume of too | ia ou ana | must be | e equal to or es | xceed top allow nod (Flow, pum | able for this | s depth or be for full | 24 hours.) | | |
| | | | | | roomern® trien | ios (riow, pun _t | o, gas iyi, e | ic.j | | | |
| Length of Test | Tubing Press | ure | · | C | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls | | | | | | |
| | 0 50.2. | | | " | ASTEL - POIT | | | Gas- MCF | | | |
| GAS WELL | | ···· | | | | | | 1 | | | |
| Actual Prod. Test - MCF/D | Length of Tes | it . | | वा | bls. Coadensat | eMMCE | | (A) | | | |
| | | | | | | O14TIATOT. | | Gravity of Condens | 21c | | |
| esting Method (pitot, back pr.) | Tubing Press | re (Shut-in) | | C | asing Pressure | (Shut-in) | | Choke Size | | | |
| T OPERATOR CERTIFIC | IAME OF C | | | - | | | | | | | |
| I OPERATOR CERTIFIC I hereby certify that the rules and remy | AIE OF C | OMPLIA | NCE | - 11 | \bigcirc | CONIC | EDV/ | TION DU | 01011 | | |
| hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above s true and complete to the best of my knowledge and belief. | | | | | | L 00/10 | TION DIVISION | | | | |
| to the and dompice to the best of my | knowledge and b | elicf. | | - 11 | Date A | pproved | | FEB 21 | 19 91 | | |
| miter | Jullen | て | | | -a.o /1 | PP10480 | | | | | |
| Signature | 7 | | | - | By ORIGINAL SEASON SY SEXTON | | | | | | |
| Bonita Gilbert | | Secreta | | . | MANAGE STATES | | | | | | |
| 2/19/91 | Ġ | 711. 915–687–1 | 1664 | | Title | | | | | | |
| Date | | Telephone I | ю. | . | | | | - | | | |

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