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 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Clayton W. Williams, Jr., Inc. 30-025-10748 Address Six Desta Drive, Suite 3000, Midland, Texas 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: effective July 1, 1991 Dry Gas Recompletion XX Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator

Hal J. Rasmussen Operating, Inc., Six Desta Drive, Suite 2700, Midland, Texas 79705 II. DESCRIPTION OF WELL AND LEASE SMD Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. State JCT Langlie Mattix Qu, GB B-1431 Location Feet From The North В 660 1980 Unit Letter Line and Feet From The Line 16 Township 23 l ea Range **NMPM** County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS RAL GAS SWD

Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. 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 (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved _ sthe Signature Dorothea Owens Regulatory Analyst Printed Name Title Title_ June 7, 1991 (915) 682-6324

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.

Telephone No.

- 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, Anteria, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87		anta re, New	Mexico 8/	504-2088						
	REQUEST F	OR ALLOW	ABLE AND	AUTHOR	ZATION	1				
I. Operator	TOTR	ANSPORT (OIL AND N	ATURAL C						
	Hal J. Rasmussen Operating, Inc.				Wei	Well API No.				
Six Desta Drive. Reason(s) for Filing (Check proper b	Suite 5850, Mi	dland, Tex								
New Well	•	n Transporter of:		ther (Please exp	lain)	-				
Recompletion	Oil [Dry Gas								
Change in Operator	Casinghead Gas	Condensate	- 							
If change of operator give name and address of previous operator Li	ohn Yuronka, P.(2. Midlar	nd, Texas	79702					
II. DESCRIPTION OF WE	LL AND LEASE									
State JCT	- Tom				iding Formation Kind			of Lease No.		
Location State JCT	1 1		State	. Todoubox R	ee					
Unit Letter B	:660	Feel From The .	North Li	ne and	1980 r	eet From The	East	Lin		
Section 16 Tow) (P			Lea County						
III. DESIGNATION OF TR	ANSPORTER OF O	IL AND NAT	URAL GAS	5420	we			County		
Name of Authorized Transporter of C	or Conden	nesta	Address (Gi	ve address to w	hich approve	copy of this	form is 10 be s	eni)		
Name of Authorized Transporter of C	asinghead Gas	or Dry Gas	Address (Gi	we address to wi	hich approved	d copy of this t	form is to be s			
If well produces oil or liquids,	Address (Give address to which approved copy of this form is to be sent)									
give location of tanks.	, j	Twp Rg	"	ly connected?	When	1 7				
If this production is commingled with a IV. COMPLETION DATA	that from any other lease or p	pool, give commin	gling order num	ber:						
Designate Type of Completi	on - (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v		
Date Spudded	Date Compl. Ready to Prod.		Total Depth	Total Depth		P.B.T.D.	L			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			This Death				
Perforations	Tubing Depth									
						Depth Casing	g Shoe			
	TUBING,	CASING AND	CEMENTI	NG RECORI	5	<u> </u>				
HOLE SIZE	SIZE CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
					- -					
			 							
IL WELL Test must be after										
Date First New Oil Run To Tank	Page of Test	Fload oil and mus	be equal to or	exceed top allow	usble for this	depth or be fo	r full 24 hours	r.)		
	Dan or rea		Flooring Me	thod (Flow, pur	भूग, हुट्य ।५१, ८१	c.)				
ength of Test	Tubing Pressure	Casing Pressure			Choke Size					
actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF					
GAS WELL			<u> </u>					···		
cutal Prod. Test - MCF/D	Length of Test		This Condens	14/A/A/A		A		·····		
·			Bbls. Condensate/MMCF			Gravity of Condensate				
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in	Casing Pressure (Shut-in)			Choke Size					
I. OPERATOR CERTIFIC	CATE OF COMPI	IANCE								
I hereby certify that the rules and regu	ulations of the Oil Conservat	ion	0	IL CONS	SERVA	TION D	IVISIO	VI.		
Division have been complied with an				FEB 0 7 1990						
is true and complete to the best of my										
_ ('(.	0						· · · · · · · · · · · · · · · · · · ·			
Signature			Ву	ORIGI	NAL SIGN	ed by jer	RY SEXTO	N'		
Jay Cherski Printed Name	Engin				DISTRICT	I SUPERV	SOR			
a commentating	Ti	ue	Title							

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

<u>2/05/9</u>0

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 Telephone No.

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 model in model in a continuous cont