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

State of New Mexico lergy, Minerals and Natural Resources Departs

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

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Operator	. <u> </u>	O IHA	11121	OH! OIL	ANU NA	TURALO		API No.			
Clayton W. Williams, Jr., Inc.											
Address	, ,,,,,,						30	-025 -2024 5			
Six Desta Drive, Suite 3	000, Mid	land, T	exas :	79705							
Reason(s) for Filing (Check proper box)					XX; Où	ner (Please exp	xaırı)				
New Well		Change in				ve July 1.	•				
Recompletion	Oil		Dry G			· y • ·	-				
Change in Operator XX	Casinghead	Gus 🗌	Conde	state							
f change of operator give name and address of previous operator	J. Rasmus	ssen Op	erati	ng Inc.,	Six Desta	Drive, Su	ite 2700	, Midland,	Texas 797	05	
and address of previous operator		-			· • • • • • • • • • • • • • • • • • • •						
I. DESCRIPTION OF WELL A	AND LEA		Pool 3	Vame feetist	na Ec	(Pro Gan	V:-	1 of Lease		eace Nie	
State A A/C 3 A Caro	Well No. Pool Name, Including 8 Jalmat Tansi							i of Lease e, B <mark>edaroa</mark> konxBe	_ · · · · · · · · · · · · · · · · · · ·		
Location	- <u> </u>	<u> </u>	Jdl	mac (dNS)	ii ir Sev	בוו מערב			·		
Unit Letter P		660	۵ دم⊊	non The	South Lie	e and RRI)	Feet From The	Eac+	Line	
VIII. 1.6061	· · · · · · · · · · · · · · · · · · ·		_ , was r	1116		- augu	<u> </u>	Coccion inc	— East		
Section 10 Township	23	35	Range	36E	, N	мрм,	Lea_			County	
	cno===										
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTE	or Conde					Lish	od name of the	(nom , a se h = -		
Name of Authorized Fransporter of Oil Texas New Mexico Pipeline	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	UI CO II GE I	124E	XX		ve adaress to v 1130, Hous		id copy of thus) s 77242	Urm 15 10 06 31	eru)	
Name of Authorized Transporter of Casing			or De	y Gas XX				ed copy of this	form is to he s	ent)	
Xcel Gas Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****	טו טון	~ XX]	1		• •	D, Midland			
I well produces oil or liquids,	Unit	Sec.	Twp.	Rge		ly connected?			,	_ 	
ive location of tanks.	<u> </u>		L				i				
this production is commingled with that f	rom any othe	r lease or	pool, g	ve comming	ing order num	ber:					
V. COMPLETION DATA		,			·		_,	_,			
Designate Type of Completion	. (20)	Oil Well	i j	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv	
		Panales	<u> </u>		Total Depth	<u> </u>	.1	1,00	1	1	
Date Spudded	Date Comp	певау и	. 17 06		. one Depth			: P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducine F	omatio	<u> </u>	Top Oil/Gas	Pay		Tubing Dep	th		
		⊃mag &`			ļ			. Long Dep			
erforations	·				<u> </u>			Deput Casii	ng Shoe		
				 -		-		:			
	TUBING, CASING AND										
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SE	T		SACKS CEM	ENT	
				.				- i			
					!						
			·····								
. TEST DATA AND REQUES	T FOR A	LLOW	ABLF	<u> </u>							
IL WELL (Test must be after re					be equal to o	exceed top at	Howable for t	his depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Tes		·			ethod (Flow, p	·				
ength of Test	Tubing Pressure				Casing Press	nie		Choke Size	Choke Size		
	<u> </u>				W/			Car MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	_		UZE- MCF	Gas- MCF		
	!				<u> </u>						
GAS WELL											
Actual Prod. Test - MCF/D	Leaguh of T	CEL			Bbis. Conde	MMCF		Gravity of	Condensate		
string Method (pilot, back or) Tubing Pressure (Shut-m)					Cating Page	ure (Shut-in)		Choke Size	Choke Size		
sting Mathod (pitot, back pr.) Tubing Pressure (Shut-m)						(M-4E)		CHAR SIZE	CHORE SIZE		
A OBER LEON CONT.	A 7777 0-	CO: ~	OT T 4	NICE	ii			<u> </u>			
/L OPERATOR CERTIFIC				INCE	(OIL CO	NSER	/ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1						
is true and complete to the best of my k				•	Det	Annrois	ed	JUL	13 199	11	
^ .	A				Date	Approvi					
Darother (Vine	us			l n	OPIC	SINAL SIG	NED BY JER	RY SEXTO	N.	
Signature Dorothea Owens	00001		1		∥ By_	- JAIC		TISUFERV			
Dorothea Owens Printed Name	Regulat	ory Ana	lyst Tule								
June 7, 1991	(915) 68	82-6324			Title						
Date	1-19/ 0		phone	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.
- 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.