Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1930, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I.	Energy, Minerals and Na OIL CONSERV P.O. E Santa Fe, New M REQUEST FOR ALLOWA	New Mexico Itural Resources Department ATION DIVISION Sox 2088 Iexico 87504-2088 BLE AND AUTHORIZA LAND NATURAL GAS	Form C-104 Revised 1-1-89 See Instructions at Bottom of Pa	
Operator Clayton W. Williams, J Address	lr., Inc.		Well API No.	
Six Desta Drive, Suite Reason(s) for Filing (Check proper box) New Well Accomposition Change in Operator X If change of operator size page	A 3000, Midland, Texas 79705 Change in Transporter of: On: Casinghead Gas Condensate Casinghead Gas Dry Gas Condensate Condensate Condensate	X Other (Please explain) effective July 1, 19	91	<i></i>
II. DESCRIPTION OF WELL				
State A Ac 1	Well No. Pool Name, Includ 101 - Langlie Mat	-	Kind of Lease Lease No. State, Frederikov/Per	
Location Unit LetterM		South Line and 660	Feet From The West	Line
Section 11 Townshi	p 23S Range	36RE, NMPM, Lea	Coun	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU			<u>. </u>
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which a	spproved copy of this form is to be sent)	·
Name of Authorized Transporter of Casin	ghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When 7	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:		
Designate Type of Completion	Oil Well Gas Well	New Well Workover D	eepen Plug Back Same Res'v Diff Re	:s'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
erforations			Depth Casing Shoe	
	TURBIC CASING AND	CENENTING DECODE		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ecovery of total volume of load oil and must			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, g	as líft, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bhls	Water - Bbis.	G25- MCF	
GAS WELL		L	<u>I</u>	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Festing Method (pitor, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. <u>Association</u> Signature <u>Dorothea Owens</u> Regulatory Analyst Title		OIL CONSERVATION DIVISION Date Approved ORIGINAL SIGNAL BIOLOGICAL SECTION ByDISTREMENTION		
June 7, 1991	(915) 682-6324 Telephone No.	Title	· · · · · · · · · · · · · · · · · · ·	
	Telephods No.			كفنصير

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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.

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.

JUN 2 8 1991 Manager Commission