Subrat 5 Copies Appropriate Distinct Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A	Pl No.			
Clayton W. Williams, Jr., Inc.						30-025-					
Address						<u></u>					
Six Desta Drive, Suit	e 3000, M	idland,	Texa	s 79705							
Reason(s) for Filing (Check proper box)					XXI Oth	er (Please espic	ואנ				
New Well	effective July 1, 1991										
Recompletion	Oil		Dry (enecti	ve outj I,	1331				
Change in Operator	ئى دىف	dine 🔄		الم محمد المسمع المالية							
If change of operator give name and address of previous operator Hal.	<u>1 Rasmus</u>	sen Opo	ratio	g_Inc : S	<u>ix Desta C</u>	<u>rive. Suit</u>	e 2700 M	idland, I	<u>exas 79705</u>	and the second	
II. DESCRIPTION OF WELL											
Lease Name		- Viell No-	Poul	Name, Include	ng Formation		Kind o	x Lease	- i ¹	ise No.	
State A A/C 1	ľ	110	Lar	iglie Matt	ix Seven F	Rvs. Queen	GB State.	XXXXXXXXX	X		
Location										• • •	
Unit LetterH		1980	_ Fore	From The	North_Lin	e and <u>55</u>	0 Fe	et From The	East	Line	
										_	
Section 13 Towns	hip 239	<u>; </u>	Rang	e	<u>36E, N</u>	MPM,	Lea			County	
III. DESIGNATION OF TRA	NSPORTE			ND NATU	RAL GAS	e address 10 w		com of this t	orm is to be su		
Name of Automzed Transporter of Oil	XX	or Conde	a sate		1	30, Housto					
-Texas New Mexico Pipelir		~~~				e addrest to w	and the second se	a second s	iorm is to be su		
Name of Authonzed Transporter of Cas	inghead Cas	XX	or	ry Gas 🚞		Desta Driv					
-Xcel Gas Company	1.12-1	5	Twp	- Rae		y connected?	When				
If well produces oil or liquids, give location of tanks.	Unut	Sec.	l i wp.	. r.ge.	te gas avera	, comence.	1				
If this production is commungled with the		her lease of		nve commune	ing order num	iber.					
IV. COMPLETION DATA	a nom any oa		, pool,			·					
III. COMPLETION DATA		Oil Wei	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Resv	
Designate Type of Completio	n - (X)		i		1 ·	i	1		İ.	1	
Date Spudded		ipi. Ready 1	lo Prod	•	Total Depth	• <u> </u>		P.B.T.D.			
						· · · -					
Elevauons (DF, RKB, RT, GR, etc.)	Name of F	Producing i	ormau	08	Top Oil/Gas	Pay		Tubing Dep	h		
Perforations								Depth Casi	ng Shoe		
					<u>. </u>			<u>_</u>			
					CEMENT	ING RECOR					
HOLE SIZE	CA	SING & T	UBING	G SIZE		DEPTH SET	· · · · · · · · · · · · · · · · · · ·	. <u></u>	SACKS CEM	ENI	
	· · · · · · · · · · · · · · · · · · ·				<u></u>			_ <u></u>			
									· · · · · · · · · · · · · · · · · · ·		
TELEPATE AND DEOU	ECT EOD		ARI	F							
V. TEST DATA AND REQU OIL WELL (Test must be after	ESTFUR	ALLON	ADL ADL	n L and out and mus	the equal to a	r exceed top ai	iowable for in	is depits or be	for full 24 hos	47 S +	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T		2 0) 100		Producing N	iernod (Fiow, p	17. 25 (17.	eic j			
Date First New Oil Rule 10 1411		C 34			e e						
Length of Test	Tubing Pr				Casing Pressure Choke Size						
- Lengur of Tex	TROUTE L				-						
Actual Prod. During Test	Oil - Bbis				Waler - Bbi	s.		Gas- MCF			
Actual Free During For	. Off - Bon										
		· ·····			<u> </u>						
GAS WELL		CT			Bhis Conde	nsie MMCF		Gravity of	Concensale		
Actual Prod. Test - MCF/D	Length of	I I CBL									
	Tubica	ressure (Sh	110-171		Casing Pres	sure (Shut-in)		Choke Size	:		
Testing Method (puot, back pr.)	TUDIUST	(Canalie (St.									
					·						
VI. OPERATOR CERTIF	ICATE O	F COM	PLL	ATTLE		OIL CO	NSERV	'ATION	DIVISI	NC	
I hereby certify that the rules and re Division have been complied with a	guiations of th		iervalio aven al	na Nove							
is true and complete to the best of i	ny imowiedge	and belief.			Dat	e Approv	od		7 1001		
	, ,				Dai	e Appiov	eu				
Donather	Quer	s_				O R	IGINAL 24	I YEN GY I	IBARY SEXT	ON	
Signature					By.			CTISUPE			
Dorothea Owens	Regulato	ory Anal									
Printed Name	• · · ·		Tiu	e	Titl	e					
June 7, 1991	(915) 68		elepho	an No	11						
Date		1	elepho	UNG 1940.	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.