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 Instructi at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Clayton W. Williams, Jr., Inc.

Operator Well API No. 30 025 24635 #6 Desta Drive, Suite 3000 Midland, Texas 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Jalmat Tansill Yts Seven Rivers Ares State B-1431 Location 660 Unit Letter _ Feet From The North Line and 660 Feet From The East Line 16 Township 23S 36E Section Range , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Pride Pipeline Co 0. Box 2436 Abilene, Texas 79604 Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be sent) Scel Gas Company Six Desta Drive, Sutie 5700, Midland, Tx 79705 If well produces oil or liquids, give location of tanks. Twp. Unit Sec. Rge. Is gas actually connected? When ? 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. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 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.) Choke Size Length of Test Tubing Pressure Casing Pressure Water - Bbls. Actual Prod. During Test Oil - 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 _ Signature / Robin S. McCarley Production Analyst 4 , Title

Printed Name Title 02-21-92 682-6324 (915) Telephone 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.

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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., Aztec, NM 87410

1000 RIO BIZZA RE, AZIEC, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZATION					
I.		AND NATURAL GAS					
Operator			LPI No.				
Clayton W. Williams, Jr.,	Inc.	30-0	30-025 24635				
Address							
Six Desta Drive, Suite 300), Midland, Texas 79705						
Reason(s) for Filing (Check proper box)		XX Other (Please explain)					
New Well	Change in Transporter of:	effective July 1, 1991					
	Dil 🗌 Dry Gas 🖳						
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 79	705			
II. DESCRIPTION OF WELL A	ND LEASE	•					
Lease Name	Well No. Pool Name, Includ	(aas)	of Lease	Lease No.			
Ares State	ı lalmat Tar	sill Yt Seven Rivers State,	Becker by The B-1	1431			

Six Desta Drive, Suite 30	100 M 44	land T	ayac 7	79705															
Reason(s) for Filing (Check proper box)	,, miu	ianu, I	CX03 /	,	XX Oth	er (Please expla	in)												
New Well		Change i	n Trans	porter of:	_	ive July 1,													
Recompletion	Oil		Dry (• —		,,													
Change in Operator X	Casinghea	ad Gas 🗌	- ·	ensate 🗌															
If change of operator give name	1 Daemu	ssan On	oratio	na Inc	Six Desta	Drive, Sui	te 2700.	Midland.	Texas 7970	15									
and address of previous operator Hall). Kasma:	SSCII OP		id, Inc.,	JIN DESCU	Bille, ser	<u></u>		10,400 7370										
II. DESCRIPTION OF WELL.	AND LE		-,- -																
Lease Name					ing Formation	Pro Gas) even Rivers	, ,	of Lease Rocket on Fi		23se No.									
Ares State		1		Jaimat iai	12111 16 30	EAGU KIAGI2	, Jan.,	**********	B-143) T									
Location Unit LetterA	. :	60	_ Feet 1	From The Nor	th Lis	e and660	0 Fo	et From The	East	Line									
Section 16 Township	235		Rang	e 36E	, NI	мрм,	Lea			County									
III. DESIGNATION OF TRAN							;:t	1 Cabia 4		-41									
Name of Authorized Transporter of Oil		or Conde	1152115	XX	i	e address to wh				ni)									
Lantern Petroleum Company Name of Authorized Transporter of Casing			or Dr	y Gas XX	P. 0. Box 2281, Midland, Texas 79702 Address (Give address to which approved copy of this form is to be sent)														
Xcel Gas Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ليب	01 21	, 04. (11)															
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	Six Desta Drive, Suite 5700, Midland, Texas														
give location of tanks.	<u>i</u> i	Ĺ	<u>i.</u>			·	i												
If this production is commingled with that f IV. COMPLETION DATA	rom any oth	ner lease o	r pool, g	rive comming	ling order num	ber:		-											
Designate Type of Completion -	- (X)	Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'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											
Perforations				<u> </u>			Depth Casing Shoe												
		~:		200	CEL CELICE	10 proon													
11015 0175	· -				CEMENTI	NG RECORI	<u> </u>		NACKO OFNI	- 17									
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT											
									<u>-</u> .	 -									
								<u> </u>											
V. TEST DATA AND REQUES																			
OIL WELL (Test must be after re			of load	oil and must					for full 24 hour	3.)									
Date First New Oil Run To Tank	Date of Te	ব্ৰ			Producing Me	thod (Flow, pu	πρ, gas lýt, e	tc.)											
Land of Tax				Casing Pressure		Choke Size													
Length of Test	Tubing Pressure				Canal Manual														
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF												
GAS WELL					<u> </u>	<u></u>		<u></u>		· · · · · · · · · · · · · · · · · · ·									
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF	 -	Gravity of C	ondensate	· · · · · · · · · · · · · · · · · · ·									
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size												
M OPERATOR CERTIFIC	ATE OF	COM	DT TA	NCE	1														
VI. OPERATOR CERTIFICA				NCE	(DIL CON	SERV	ATION	DIVISIO	N									
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. Liberthe Current				OIL CONSERVATION DIVISION Date Approved ORIGINAL SIGNED BY JERRY SEXTON															
										wen	4			By_		DIST	HCT SUPE	RVISOR	
									Signature					by					

Dorothea Owens Regulatory Analyst Printed Name Title (915) 682-6324 June 7, 1991 Telephone No.

Title

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