Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III		S	Santa F	e, Nev	v M	exico 875	504-20	880					
1000 Rio Brazos Rd., Aztec, NM 87410	REC					BLE AND				N			
I. Operator		TOTA	RANSF	PORT	Oll	AND NA	TUR	AL G		ell API No.			
Clayton W. Williams, Jr., Inc.											025		
Six Desta Drive, Suite 3	3000, Mi	dland, T	exas 7	9705			_						
Reason(s) for Filing (Check proper box) New Well		Change	in Transp	vorter of		_		ase expl	•	- ·			
Recompletion	Oil		Dry G			effect	.ive d	July 1,	, 1991				
Change in Operator X If change of operator give name	Casingh	ead Gas	Conde	nsate									
and address of previous operator Hall			eratin	g, In	c.,	Six Desta	Driv	e, Sui	ite 2700	O, Midland, Te	xas 7970)5	
II. DESCRIPTION OF WELL Lease Name					···								
Ares State				Well No. Pool Name, Include 2 Jalmat Ta				Rivers	1	nd of Lease are, North N. T. Ye	2		
Location	···········												
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The Fast Line													
Section 16 Township 23S Range 36E , NMPM, Lea County													
III. DESIGNATION OF TRAN	SPORT	ER OF C	IL AN	ID NA	TU	RAL GAS							
Name of Authorized Transporter of Oil XX or Condensate						Address (Give address to which approved						nt)	
Name of Authorized Transporter of Casinghead Gas (XXX) or Dry Gas						P. O. Box 2281, Midland Address (Give address to which approved				and, Texas 797	1, Texas 79702		
Xcel Gas Company	Or Dry Cas				Six Desta Drive, Sui				te 5700, Midland, Texas 79705				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	1	Rge.	Is gas actual							
If this production is commingled with that IV. COMPLETION DATA	from any co	her lease or	pool, giv	ve comn	ningli	ng order num	ber:						
Decignate Type of Completion	~~	Oil Wel	1 (Gas Wel	11	New Well	Work	over	Deepen	Plug Back Sai	me Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		Inl. Ready to	o Prod			Total Depth	<u> </u>			<u> </u>			
	Date Compl. Ready to Prod.					Joseph Dopal				P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth	Tubing Depth		
Perforations											Depth Casing Shoe		
	TUBING, CASING AND CEMENTING RECORD												
HOLE SIZE								H SET		SAC	SACKS CEMENT		
										- 			
/ mnom n . m.													
V. TEST DATA AND REQUES OIL WELL (Test must be after re				سامسمان	L			. 17					
Date First New Oil Run To Tank		t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)											
d cm													
Length of Test	Tubing Pressure					Casing Pressu	re			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				1	Water - Bbls.				Gas- MCF	Gas- MCF		
GAS WELL											 <u> </u>		
Actual Prod. Test - MCF/D	Length of Test					Bbls. Conden	ale/MlV	1CF		Gravity of Conde	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				7	Casing Pressure (Shut-in)				Choke Size			
/I. 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						OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.						Date Approved							
Danthen Queus						By FOR THE REPORT SEXTON							
Signature Dorothea Owens	Regulatory Analyst					Ву		· · ·		SUPERVISOR	IUPE-VISOR		
Printed Name June 7, 1991	(015) (Title	•		Title_							
Date 7, 1991	(ars) (582-6324 Telep	ohone No	·					-				
					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.