| State of New propriate District Office TRICT 1 D. Box 1920, Hobbs, NM 88240 OIL CONSERVAT | | | | al Resources Department | | | | Form C-104 Revised 1-1-89 See Instructions at Bottom of Page | | |
|---|---|----------------------------|------------------------|---|-----------------|----------------|-------------------------|---|---|--|
| DISTRICT II O. Drawer DD, Anesia, NM 88210 | Sa | P.O nta Fe, New | . Box 208 Mexico | | 2088 | | | | | |
| <u>DISTRICT III</u> 000 Rio Brazos Rd., Aztec, NM 87410 | REQUEST FO | - | | | | ATION | | | | |
| • | = = = - | NSPORT | | | | S | PI No. | | | |
| Dperator Clayton W. Williams, J | r Inc | | | | | Well A | LAI NOT | | | |
| Address | • | | | | | | | | | |
| Six Desta Drive, Suite Reason(s) for Filing (Check proper box) | 3000, Midland, | lexas /9/05 | | Other (F | lease expla | in) | | | | |
| New Well | | Transporter of: | -j ef | fective | July 1, | 1991 | | | | |
| Recompletion Change in Operator | Oil Casinghead Gas | Dry Gas Condensate | | | | | | | | |
| | lal J. Rasmussen | Operating, | Inc., Six | (Desta | Drive, S | Suite 2700 |) Midland, | Texas 79 | 705 | |
| I. DESCRIPTION OF WELL | AND LEASE | | | | | | | | | |
| Lease Name | Well No. Pool Name, Includin 9 - Langlie Matti | | | Sinta X | | | a Lease Féanalachtea | | | |
| State A Ac 3 A | 9 | I Langite r | | Qu ub | - | | | | | |
| Unit LetterA | | Feet From Th | Nort | h Line an | d b | 660 Fe | et From The | East | Line | |
| Section 10 Townsh | ip 23S | Range | 36E | , NMPI | м, | Lea | | | County | |
| | | | TIRAL | GAS | | | | | | |
| II. DESIGNATION OF TRANSPORTER OF OIL AND NATUR | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Texas New Mexico Pipeline Co. | | | Addre | Box 42130, Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Name of Authorized Transporter of Casi Phillips 66 Natural | aghead Gas [XX] Gas CompanyGPM | Gas Corp | oration | Bart | lesville | e, Okla. | EFFECTIVE: | Februar | y 1, 1992 | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. | Twp. | Rge. Is gas | actually co | onnected? | When | 17 | | | |
| If this production is commingled with the | t from any other lease of | pool, give com | mingling ord | er number: | | | | | | |
| IV. COMPLETION DATA | Oil We | | | | | Deepen | Plug Back | ame Res'v | Diff Res'v | |
| Designate Type of Completion | 1 - (X) | | i | İ | | | <u> </u> | | | |
| Date Spudded | Date Compl. Ready 1 | Date Compl. Ready to Prod. | | | Total Depth | | | P.B.T.D. | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | Top C | Top Oil/Gas Pay | | | Tubing Depth | Tubing Depth | | |
| Perforations | | | | | | | Depth Casing | Depth Casing Shoe | | |
| Feitoralious | | | | | | | | | | |
| | | , CASING A | ND CEM | | G RECOR | | | ACKS CEM | ENT | |
| HOLE SIZE | CASING & TUBING SIZE | | | UEF IN SET | | | Ì | | | |
| | | | | _ | | | | | | |
| | | | | | | | | | | |
| V. TEST DATA AND REQU | EST FOR ALLOW | ABLE | | | | loweble for th | ie denth or he fo | r full 74 hou | 75) | |
| OIL WELL (Test must be after Date First New Oil Run To Tank | recovery of total volum Date of Test | e of load oil and | I must be equ Produ | icing Meth | od (Flow, p | ump, gas lýt, | eic.) | - jui 2+ 104 | | |
| | | | | | | | Choke Size | | | |
| Length of Test | Tubing Pressure | Tubing Pressure | | | Casing Pressure | | | | | |
| Actual Prod. During Test | Oil - Btls. | | | Water - Bbls. | | | Gas- MCF | G25- MCF | | |
| | | | | | | | <u>L</u> | | <u> </u> | |
| GAS WELL Actual Prod. Test - MCF/D | Length of Test | | Bbis | . Condensa | Le/MMCF | | Gravity of C | ondensate | | |
| | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | | | 1 I LOUDIN | | | | | | |
| VI. OPERATOR CERTIF | CATE OF COM | PLIANCE | | | | | ATION I | אפועור | אר י | |
| I hereby certify that the rules and re- | rulations of the Oil Cons | ervation | | 0 | | NOERV | | | | |
| Division have been complied with a is true and complete to the best of n | ng that the information g ny knowledge and belief. | | | Date | Approve | əd | JUL | 1919 | <u>91 </u> | |
| | Quer | | | | | | SIGNED BY | | | |
| Signature | | | - | Ву | | ORIGINAL DI | SIGNED BY | ERVISOR | | |
| Dorothea Owens | Regulatory | Analyst Tille | - | Title_ | · | | | | | |
| | (915) 682-6 | 104 | | | | | | | | |
| June 7, 1991 | 1915 002-0 | elephone No. | II | | | | | | | |

-

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of oeviation tests to ŀ I with Rule 111.

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.