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 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRA	ANSP	ORT OI	L AND N	ATURAL G	AS				
Operator								API No.			
Clayton W. Williams, Jr., Inc.							30-	025	25 3 4 4 4 C		
Address Six Desta Drive, Suite 3	3000. Midl	and. Te	xas 79	705							
Reason(s) for Filing (Check proper box)					XX O	her (Please expl	lain)				
New Well		Change in	Transpo	rter of:		tive July 1	•				
Recompletion Oil Dry Gas											
Change in Operator	Casinghea	d Gas 🔲	Conden	_							
If change of operator give name and address of previous operator Hal	J. Rasmus	sen Ope	rating	, Inc.,	Six Dest	a Drive, Su	ite 2700,	Midland, I	exas 797	05	
II. DESCRIPTION OF WELL	AND LEA	SE							<u>-</u> .		
Lease Name	ing Formation Kind o			of Lease No.							
Ares State	, r							ROCKHI XX III			
Location											
Unit Letter B	:330	<u> </u>	Feet Fn	om The	North Li	ne and23	<u>10</u> F	eet From The	East	Line	
Section 16 Townsh	ip 23	<u> </u>	Range	3	86E ,)	ІМРМ,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Lantern Petroleum Company						P. O. Box 2281, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas (XXX) or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Xcel Gas Company						Six Desta Drive, Suite 5700, Midland, Texas 79705					
If well produces oil or liquids, give location of tanks.	<u>i. i</u>		Twp.	L		lly connected?	When	. ?			
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or	pool, giv	e comming	ling order nun	nber:					
Designate Type of Completion	- (X)	Oil Well	G	Sas Well	New Well	Workover	Deepen	Plug Back S	ame 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					
		· · · · · · · · · · · · · · · · · · ·	C + CD	10 LVD	CE) CE) I	NO 22002					
UOLE CITE	TUBING, CASING AND				CEMENTI		<u>D</u>	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SA	SACKS CEMENT		
					 		·				
				 -		·····					
V. TEST DATA AND REQUES OIL WELL (Test must be after r.				il and must	be equal to o	exceed top allo	wable for thi	denth or he for	full 24 hour	·r.]	
Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
	<u> </u>					-	· · · · · · · · · · · · · · · · · · ·				
GAS WELL Actual Prod. Test - MCF/D	11	: :4			Thu 6 :	4646		· · · · · · · · · · · · · · · · · · ·			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conder	sate/MMCF		Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATF OF	COMPI	TAN	CF				<u> </u>	*		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
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						
Donather Owen					ORIGINAL SIGNED BY JERRY SEXTON						
Signature Dorothea Owens Regulatory Analyst					ByBISTRICT SUPERVISOR						
Printed Name			Title		Title						
<u>June 7, 1991</u> Date	(915) 68		hone No.								
≥ − 1144		1 CTCD	SARIE IVO.	•	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.