

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-104  
Revised October 18, 1994

Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address RAPTOR RESOURCES, INC. P.O. BOX 160430 AUSTIN, TX 78716		OGRID Number 162791
API Number 30-0 25 21635		Reason for Filing Code CH 4-1-99
Pool Name Talmat Tansil Yates Seven Rivers		Pool Code 33820
Property Code 011785		Property Name Ares State
		Well Number 4

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
G	16	23S	36E		1650	N	1980	E	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	16	23S	36E		1650	N	1980	E	LEA

Lse Code ST	Producing Method Code SI	Gas Connection Date	C-129 Permit Number	C-129 Effective Date 3/1/99	C-129 Expiration Date
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III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
34053	PLAINS MARKETING, L. P.	2619410	0	
<del>21114</del>	<del>SID RICHARDSON</del> <del>CASCOINE CO.</del>			

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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.

Signature:

Printed name: RUSSELL DOUGLASS

Title: PRESIDENT

Date: 4/22/99 Phone: (512) 478-4427

OIL CONSERVATION DIVISION

Approved by: T. Mark Tisdale

Title:

Approval Date:

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

025706 T. Mark Tisdale

Printed Name

Vice President

Title

Date

New Mexico Oil Conservation Division  
C-104 Instructions

THIS IS AN AMENDED REPORT. CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60".  
Report all oil volumes to the nearest whole barrel.

request for allowable for a newly drilled or deepened well must be

accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
PO Box 6429  
Santa Fe, NM 87505

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies  
☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address Clayton Williams Energy, Inc. Six Desta Drive, Suite 3000 Midland, Texas 79705		2 OGRID Number 025706	
		3 Reason for Filing Code GG CD 6/1/96	
4 API Number 30-025-25171	5 Pool Name Jalmat Tansill Yts 7 Rvrs	6 Pool Code 33820	
7 Property Code 011785	8 Property Name Ares State	9 Well Number 4	

II. 10 Surface Location

UI or lot no. G	Section 16	Township 23S	Range 36E	Lot Idn	Feet from the 1650	North/South Line North	Feet from the 1980	East/West Line East	County Lea
12 Lse Code S	13 Producing Method Code P	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date				

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
020809	Sid Richardson Gasoline Co. 291 Main St. Fort Worth, Texas 76102	2619630	G	B - 16 - 23S - 36E Ares Battery
012807	Koch Oil Company P. O. Box 2256 Wichita, KS 67201	2619610	O	B - 16 - 23S - 36E Ares Battery

IV. Produced Water

23 POD 2619650	24 POD ULSTR Location and Description B - 16 - 23S - 36E Ares Battery
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V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations
30 Hole Size	31 Casing & Tubing Size	32 Depth Set	33 Sacks Cement	

VI. Well Test Data

34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg Pressure	39 Csg. Pressure
40 Choke Size	41 Oil	42 Water	43 Gas	44 AOF	45 Test Method
46 I hereby certify that the rules 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. Signature: <i>Robin S. McCarley</i> Printed name: Robin S. McCarley Title: Production Analyst Date: 05/22/96			OIL CONSERVATION DIVISION Approved By: <i>[Signature]</i> Title: <i>[Signature]</i> Approval Date: MAY 28 1996 Phone: (915) 682-6324		

47 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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*mf*

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address Clayton Williams Energy, Inc. Six Desta Drive, Suite 3000 Midland, Texas 79705		2 OGRID Number 025706	
		3 Reason for Filing Code CG	
4 API Number 30-025-25171	5 Pool Name Jalmat Tansill Yates 7 Rvrs	6 Pool Code 33820	
7 Property Code 011785	8 Property Name Ares State	9 Well Number 4	

II. 10 Surface Location

UI or lot no. G	Section 16	Township 23S	Range 36E	Lot Idn	Feet from the 1650	North/South Line North	Feet from the 1980	East/West Line East	County Lea
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11 Bottom Hole Location

UI or lot no. N/A	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
12 Lse Code S	13 Producing Method Code P	14 Gas Connection Date 9/1/95	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date				

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
020809	Sid Richardson Gasoline Co. 201 Main St. Fort Worth, Texas 76102	2619630	G	B - 16 - 23S - 36E Ares Battery
018053	Pride Pipeline Company P. O. Box 2436 Andrews, Texas 79604	2619610	O	B - 16 - 23S - 36E Ares Battery

IV. Produced Water

23 POD 2619650	24 POD ULSTR Location and Description B - 16 - 23S - 36E Ares Battery
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V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations
30 Hole Size	31 Casing & Tubing Size	32 Depth Set	33 Sacks Cement	

VI. Well Test Data

34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg Pressure	39 Csg. Pressure
40 Choke Size	41 Oil	42 Water	43 Gas	44 AOF	45 Test Method
46 I hereby certify that the rules 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. Signature: <i>Robin S. McCarley</i>			OIL CONSERVATION DIVISION APPROVED BY: JERRY SEXTON PRODUCTION ANALYST		
Printed name: Robin S. McCarley			Title:		
Title: Production Analyst			Approval Date: OCT 18 1995		
Date: 09/26/95			Phone: (915) 682-6324		

47 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Clayton Williams Energy, <i>W.C. Inc.</i>		Well API No. 30-025-25171
Address Six Desta Drive, Suite 3000 Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in Operator name only. Effective 04/07/93
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator Clayton W. Williams, Jr., Inc.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ares State	Well No. 4	Pool Name, including Formation Jalmat Tansill Yates 7 Rvrs	Kind of Lease State, Federal or Private	Lease No.
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>23S</u> Range <u>36E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436 Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Six Desta Dr., Ste 5800 Midland, Texas 79705					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	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

Designate Type of Completion - (X)	Oil Well	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						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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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 is true and complete to the best of my knowledge and belief.

*Robin S. McCarley*  
Signature Robin S. McCarley Production Analyst  
Printed Name Title  
04/12/93 (915) 682-6324  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 27 1993  
By *Paul Kautz* Orig. Sig.  
Title Geologist

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.

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Clayton W. Williams, Jr., Inc.</b>	Well API No.
Address <b>Sic Desta Drive Suite 3000 Midland, Texas 79705</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Ares State</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Jalmat Tansill Yt Seven Rivers</b>	Kind of Lease <b>State, Federal or Foreign</b>	Lease No. <b>B-1431</b>
Location				
Unit Letter <b>G</b> : <b>1650</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b> Line				
Section <b>16</b> Township <b>23S</b> Range <b>36E</b> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2436 Abilene, Texas 79604</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>Six Desta Dr., Suite 5700 Midland, Tx 79705</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw.	Rge.	Is gas actually connected?	When ?

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	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						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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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 is true and complete to the best of my knowledge and belief.

Robin S. McCarley  
Signature  
**Robin S. McCarley** Production Analyst  
Printed Name  
**02-21-92** (915) 682-6324  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

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.

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.

Operator <b>Clayton W. Williams, Jr., Inc.</b>	Well API No. <b>30-025</b>
Address <b>Six Desta Drive, Suite 3000, Midland, Texas 79705</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> effective July 1, 1991 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Hal J. Rasmussen Operating, Inc., Six Desta Drive, Suite 2700, Midland, Texas 79705</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Ares State</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Jalmat Tansill Yt Seven Rivers</b>	Kind of Lease State, <del>Recon</del> <del>XXXX</del>	Lease No. <b>B-1431</b>
Location Unit Letter <b>G</b> : <b>1650</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>East</b> Line Section <b>16</b> Township <b>23S</b> Range <b>36E</b> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Lantern Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2281 Midland, TX 79702</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Xcel Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Six Desta Drive, Suite 5700, Midland, Texas 79705</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	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

Designate Type of Completion - (X)	Oil Well	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						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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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 is true and complete to the best of my knowledge and belief.

Dorothea Owens  
Signature  
**Dorothea Owens** Regulatory Analyst

June 7, 1991  
Printed Name  
**(915) 682-6324**  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 7 16 1991  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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