Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1500, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

Well API No.

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.												
Clayton W. Williams, J		30-025- 28539											
Address													
Six Desta Drive, Suite	3000, M	1idland,	Texa	as 79705									
Reason(s) for Filing (Check proper box)	sporter of:	XX Other (Please explain)											
New Well	effective July 1, 1991												
Recompletion	Oil	<u>_</u>	Dry	Gas \square	errecor	ve outy 1,	1991						
Change in Operator	Casinghe	ad Gas	Conc	densate					······································				
If change of operator give name and address of previous operator Hall	I. Rasmus	ssen Ope	ratir	ng IncS	ix Desta C	rive. Suit	e 270	0.M	idland. T	exas 7970:	j		
II. DESCRIPTION OF WELL	AND LE	ASE			· · · · · · · · · · · · · · · · · · ·								
Lease Name		Well No. Pool Name, Inclu			ding Formation				of Lease		Lease No.		
State A A/C 3 A Location		10	Lar	nglie Matt	ix Seven Rvs. Queen GB			State, Federal OF FOR					
Unit LetterG	_ :	1345	_ Feet	From The No	orth Lin	e and148	0	Fe	et From The	East	Line		
Section 10 Townshi	p	23S	Rang	ge	36E , N	мрм,	*****	Lea			County		
III. DESIGNATION OF TRAN	SPORTE	ER OF O	TI. A	ND NATII	RAL GAS	Injecti	on No	11					
Name of Authorized Transporter of Oil		or Conde				e address to wi			copy of this I	form is to be se	ent)		
Injection well				LJ	,		.,		.,,,,		,		
Name of Authorized Transporter of Casing	ry Gas	Address (Give address to which approved copy of this form is to be sent)						nt)					
If well produces oil or liquids,	Unit	Sec.	Twp.	Roe	Is gas actuall	v connected?	i	When ?					
give location of tanks.	i ome	1 300.	1	. Ngo.	10 840 4004	y connects.	i	WHEL	•				
If this production is commingled with that:	from any ot	her lease or	pool,	give comming	ing order num	ber:							
IV. COMPLETION DATA	,				U					7,			
		Oil Wel	1	Gas Well	New Well	Workover	Dee	pen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	i	i		İ	İ	İ	•		j	İ		
Date Spudded	Date Com	pl. Ready to	o Prod.	-	Total Depth	<u> </u>	1	-	P.B.T.D.	-			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	ormatu	OB.	Top Oil/Gas	Pav			Tuhing Dan	.th	-		
Elevations (Dr. RAB, RI, GR, etc.)	Name of t	rroducing r	OIIIAU	Oil					Tubing Depth				
Perforations	: 								Depth Casir	o Shoe			
Tellorations									:	ig once			
		TIDDIC	CAS	CINC AND	CEMENITI	NG PECOP	D						
40.5075	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET SACKS CEMENT								
HOLE SIZE					JE. 111 JE1				·	SASKS SEMENT			
	•								• • • • • • • • • • • • • • • • • • • •				
					:								
V. TEST DATA AND REQUES	TFOR	ALLOW	ARI.	<u> </u>	<u>:</u>								
OIL WELL (Test must be after r	ecovery of t	otal volume	of loa	 id oil and must	be equal to or	exceed top allo	owable i	for thu	s depin or be	for full 24 hou	rs)		
Date First New Oil Run To Tank	Date of Te		0) 100			ethod (Flow, pu				<u>//</u>			
Date I ha new Oil Rail 10 Talk	:							•					
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure				Choke Size			
Langue of 100	Tuonig Fredship				I .								
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF					
	·												
GAS WELL		Teat			Bbls. Conder	sate/MAA/CE			Gravity of G	Condensate			
Actual Prod. Test - MCF/D	Length of	ı est			Buis, Conder	PER PER MATTAINEL			:	CHOCHOALE			
	 ተ ለይ!= = ኮ	memim /Ch	it_in)		Casino Dreco	ine (Shintain)			Choke Size				
Tubing Pressure (Shut					Casing Pressure (Shut-in)			·					
	<u> </u>				1:				·				
VI. OPERATOR CERTIFIC	ATE OF	F COMI	PLIA	NCE		DIL CON	JOE	D\/	ATION	חועופוכ	N		
I hereby certify that the rules and regul	ations of the	e Oil Conse	rvation	1	`		NOL.	1 (V /		100	<u> </u>		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										制制	j .		
is true and complete to the best of my	mowledge a	ada Dellel.			Date	Approve							
()AA-	\bigcap					ORIC				RRY SEXTO	N		
_ Doadhie		<u>uu</u>	1		By_	L .	DIS	TRIC	T I SUPER	VISOR			
Signature Dorothea Owens	Regul <u>ato</u>	rv Analı	/c+		-, -	Special Control							
Printed Name	<u>negura co</u>	· x Milal)	Title		Title								
June 7, 1991	(915) 68	2-6324			Title								
Date .			ephone	e No.									
					1.1								

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.