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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, Astesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		<u> 10 IR</u>	<u> 1808</u>	OHI OIL	<u>. AND NA</u>	I UHAL GA					
Operator Clauston W. Williams In Inc.						Well			APINO. .30-025-28515		
Clayton W. Williams, Address	ur., Inc.	<del>,-</del>	· · - · · ·					- <del></del>	x 3 00	<i>.,</i> (.)	
Six Desta Drive, Suit		dland,	Texas	s 79705		<del></del>					
Reason(s) for Filing (Check proper box)  New Well		Chance is	Ton	morter of		r (Please explo					
Recomplesion	Oil : -	Change in			errecti	ve July 1,	1991				
Change in Operator	Casinghes										
f change of operator give name ad address of previous operator	Hal J. Ras	mussen	Opera	ating, Inc	·				The second of th	. <del>meesse, *</del> st utike = 1, − 1	
•									<del>-</del> -	NAME OF TAXABLE PARTY.	
L. DESCRIPTION OF WELL Lesse Names	AND LE		Pcol	Name, Includi	Injecti ng Formation	on Well	Kind	of Lease		ease No.	
State A Ac 1		120			ix SR Qu G	В		***********			
Location										montage and was pas	
Unit LetterC	25	·	., Feel	From The N	orthLin	and1	345 F	st From The	West	ing	
Section 10 Towns	hip 23S		Rang	e	36E , NI	лрм,	Lea		· · · · · · · · · · · · · · · · · · ·	County	
7: hteresiannal or ma	NCDABSS	ם מפ	TY A.	የተመከል ለመደገ	DAT CAC						
DESIGNATION OF TRA	NSPORTE	or Conde		MD NATU		e address to w	i <b>ch</b> approved	copy of this f	form is to be se	<u></u>	
•	اا 										
Names of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
well produces oil or liquids, Unit Soc. Twp. Rge					Is gas actually connected? When ?						
ive location of tanks.											
this production is commingled with the	t from any oth	er lease or	pool,	give commingl	ing order numl	er:	M 1920 72			Secretary of the secretary	
V. COMPLETION DATA	<del></del>	Oil Wel	, ,	Gas Well	New Well	Workover	Deepen	Dlug Doels	Same Res'v	Diet Barby	
Designate Type of Completion	1 - (X)	1011 1161	`	Oak Well	New Well	, a cerovei	Dæpen	Flug Back	Same Res v	Dill Res v	
Date Spudded	d Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Parking Familia				Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Depth			
Perforations		<del></del>		· •	<del>!</del>			Depth Casir	ng Shoe		
<del></del>		<u> </u>		2010 4110	OEL (EL ITT)	IC Proop		<u> </u>			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
TIOCE SIZE	<u></u>										
						· · · · · · · · · · · · · · · · · · ·		<del> </del>			
. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	E	I			<u> </u>			
IL WELL (Test must be after									for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis				Water - Bbls.			Gas- MCF			
	<u> </u>	<del></del>			L			1			
GAS WELL Actual Prod. Test - MCF/D	U anoth of	Tact		· 	Bbls. Conden	sate/MMCF		Gravity of (	Condensate		
ACIDA FIOL TEXT - MICHIE	Lengur or	Length of Test				Doi: Column Navior			J. J		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	1				<u> </u>	<u> </u>					
I. OPERATOR CERTIFIC					(		ICERV	ATION	חועופור	NI:	
I hereby certify that the rules and reg Division have been complied with an	ulations of the	Oil Conse	rvation ven abo	i ove		OIL CON	IOLI (V			) I <b>V</b>	
is true and complete to the best of my	y knowledge a	nd belief.		- · <del>-</del>	11	Approve			var en k		
6	(C)					ORIGINA	M. Shir Nad	LY SPAY		<del></del>	
L'onather.	(line)	1-		<del></del>	By_		ASTRICT I	supervisc	)X 		
Signature Dorothea Owens		Regula		Analyst							
Printed Name			Title		Title						
June 7, 1991  Date		(915) Tel	682-6 ephone	No.							

## 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 ceviation 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.