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

State of New Mexico En: __, Minerals and Natural Resources Department

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

DISTRICT II P.O. Prawer 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								UTHOR	_					
		TO TRA	NSP	ORT	OIL	AND N	IAT	URAL G	AS		API No.			
Operator Clauston W. Williams In Inc.										30-025-99403				
Clayton W. Williams, Jr.	, inc.							 		30-0	2303403			
Six Desta Drive, Suite 3 Reason(s) for Filing (Check proper box)	8000, Mi	dland, T	exas 7	9705		XXX	Other	(Please exp	lain,)				
New Well		Change in	Transpo	orter of:	_		ive	July 1,	199	91				
Recompletion	Oil		Dry Ga					J						
Change in Operator XXX	Casinghe		Conden					 						
and and or provided opposite ————————————————————————————————————		, ۵۰۰۰		ting)	Inc.	, Six C	est	a Drive,	Su	ite 270	O, Midland	i, Texas 79	9705	
II. DESCRIPTION OF WELL Lease Name State A A/C 1	AND LE	Weil No.	Pool N			ng Formati		(Pro n Rivers	Ga		of Lease	. 1	ase No.	
Location		25_	1 00											
Unit LetterF	_ :	1650	Feet Fr	rom The	eN	lorth	Line	and	16	50 F	eet From The	West	Line	
Section 24 Township	<u> </u>	235	Range			36E	, NM	ГРМ,		Le	<u>a</u>		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORT	or Conde			TU	RAL GA	S Give	address to	vhic	h approved	d copy of this f	form is to be se	nt)	
Texas New Mexico Pipelin	ne Co.			××		Вох	42	130. Hou	sto	n. Texa	s 77242			
Name of Authorized Transporter of Casing			or Dry	Gas [X	Address	Give	address to v	vhic	h approved	d copy of this f	form is to be se		
Xcel Gas Company												d, Texas 7	9705	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	<u>i. </u>				connected?		When	n ? 			
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease or	pool, giv	ve com	mingl	ing order	umb	er:				<u>-</u>		
Designate Type of Completion	- (X)	Oil Wel	1 (Gas We	eli	i	i	Workover	 	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	npl. Ready t	o Prod.			Total De	pth		-		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay					Tubing Dep	Tubing Depth		
Perforations				-		1					Depth Casi	ng Shoe		
		TUBING	. CASI	NG A	ND	CEMEN	ITI	NG RECO	RD)				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET						SACKS CEMENT		
						-								
V. TEST DATA AND REQUES	T FOR	ALLOW	ARLE	<u> </u>		L.,			_					
OIL WELL (Test must be after)	acontan of	ALLOW total volume	of load	oil and	i musi	be equal	to or	exceed top a	llow	able for th	his depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of T					Producin	g Me	thod (Flow,	рит	ıp, gas lift,	elc.)			
Length of Test	Tubing Pressure					Casing Pressure					Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.					Water -	Water - Bbis.					Gas- MCF		
GAS WELL						1						Carian		
Actual Prod. Test - MCF/D	Length of Test					Bbis. Condensate/MMCF						Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)					Choke Siz	Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	lations of th	ne Oil Cons	ervation				(OIL CC	N	SERV	/ATION	DIVISION	ON 001	
Division have been complied with and is true and complete to the best of my	that the ini knowledge	and belief.	iven abov	ve			ate	Approv	/ec	ı	30	L 191	JJ 1 	
Donther Or	nene					E	y _	(7.11 s ±	<u> </u>	415 <u>48</u> 1	y by Jerry	<u>/ SEXTON</u> OR		
Signature Dorothea Owens	Regu	latory /	Analys Tide		_	- [1								
Printed Name June 7, 1991 Date	(915	6) 682-6: Te				"	ilie							

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

Date

- 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.