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Appropriate District Office
DISTRICT 1 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 Brizos Rd., Aziec, NM 87410					lexico 873	_							
I.	REQ				BLE AND								
Operator		10 IR.	ANSP	OH I OI	L AND NA	TUR	AL GA		API No.				
Clayton W. Williams, Jr		i				-025-09463							
Address Six Desta Drive, Suite	3000 Mi	idland 1	Tavac i	70705									
Reason(s) for Filing (Check proper box)	3000, 111	idiand,	- LEXUS	79705	X Ou	ner (Plea	se expla	in)					
New Well		Change in	Transpo	orter of:	effecti		=						
Recompletion	Oil		Dry Ga	_			., .,						
If change of operator give name	Casinghe		Conder										
II. DESCRIPTION OF WELL			rating	, Inc.,	Six Desta	<u>Drive</u>	, Suit	e 2700,	Midland, 1	<u>[exas 797</u>	05		
Lease Name	AND EL	Well No.	Pool N	ame, Includ	ling Formation	(Pro	Gas)	Kind	of Lease		Lease No.		
B. Davis		2			ill Yt Sev			. 1	XXXXXXXXXXXX Fe		110.		
Location Unit LetterN		330	East Er	The S	outh Lin		231	0 -		West			
Section 34 Townshi	239		Range	36E		\mathbf{E} and \mathbf{L}		F	eet From The .		Line		
	-					VIT IVI,			<u></u>		County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conder	cate		RAL GAS	م م طاطعه				 			
Shell Pipeline Co.	KXX	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas 79702											
Name of Authorized Transporter of Casing	Gas XX												
El Paso Natural Gas Com If well produces oil or liquids,	Sec.	I Tr	7 7	Box 1384, Jal, New Mexico 8									
give location of tanks.	Unit	Sec.	Twp. 	Kge.	Is gas actually	y connec	ted?	When	. ?				
If this production is commingled with that: IV. COMPLETION DATA	from any od	her lease or	pool, giv	e comming	ling order numb	ær:							
		Oil Well		ias Well	New Well	Works	over	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded	· · · · · · · · · · · · · · · · · · ·	1				Ĺ	i						
Date Spunds	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Perforations									Death Carine Ci				
									Depth Casing	z Shoe			
	7	UBING,	CASIN	IG AND	CEMENTIN	VG RE	CORD	'					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH	SET		SACKS CEMENT				
										· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUES	T FOR A	TIOWA	DIE										
_				l and must	be equal to or i	exceed to	on allow	able for this	denth or he fo	or full 2d hou)		
Date First New Oil Run To Tank							Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
	Tuoing 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				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
/I. OPERATOR CERTIFICA				CE				\	TION				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
is true and complete to the best of my kn	owledge an	d belief.	. =~~*6		Date	Anne	2404		41	1 ⊎1			
D. 72	\sim				Date	~hh!(CON!		
Signature Our					By								
Dorothea Owens Printed Name	Regulat	ory Anal			,			- 17t ; : 1 t-	,				
June 7, 1991	(915) 6		Tide		Title_								
Date	13207 0		none 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 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.