Submit 3 Copies to Appropriate District Office

State of New Mexico Minerals and Natural Resources Department Enci

Ferm C-103

CONDITIONS OF APPROVAL, IF ANY:

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-08795	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON WELPOSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OR. GAS WELL X WELL	OTHER		State A AC 2
2. Name of Operator			8. Well No.
Clayton Williams Energy,	Inc.		9. Pool name or Wildcat
3. Address of Operator Six Desta Drive, Suite 300	00 Midland, Texas 79705		Eunice 7 Rvrs Queen, South
4. Well Location			
Unit Letter D: 660	Feet From The North	Line and 330	Feet From The West Line
-	225	36E ,	Lea County
Section 5	Township 22S Ra	mike i	NMPM County
		21,112,111,211,421,	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check A	Appropriate Box to Indicate	Nature of Notice, Re	eport, or Other Data
NOTICE OF INT	** *		SEQUENT REPORT OF:
	 -	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON		
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB L
OTHER:		OTHER:	
12. Describe Proposed or Completed Operation work) SEE RULE 1103. Est. Start Date:	ions (Clearly state all pertinent details, a	nd give pertinent dates, includ	ling estimated date of starting any proposed
1) Set CIBP at ± 3220'.			
•	to EOO noi for 30 minutos		
2) Laod and test casing t	to 500 psi 101 50 minutes.		
3) Properly TA well.			
	•		
I hereby certify that the information apole is the	and complete to the heat of my knowledge and	helief.	
(MONTO)	- me complete to the control to the me and the me	Petroleum Engi	neer 04/12/94
SIGNATURE	п	TE TECTOTEUM ENG	DATE OTT 127 JT
TYPE OR PRINT NAME Greg	Benton		TELEPHONE NO. 682-6324
(This space for State Use)			SUPERVISOR
APPROVED BY	π	TLE	DATE APR 1 4 1994