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

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artenia, 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 Well API No. Operator Clayton Williams Energy, L.L.C. Inc 30-025-08795 Address Six Desta Drive, Suite 3000 Midland, Texas 79705 Other (Please explain) X Reason(s) for Filing (Check proper box) \Box Change in Transporter of: New Well Change in Operator Name only. Effective 04/07/93. Dry Gas Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator Clayton W. Williams, Jr. Shut-In II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. | Pool Name, Including Formation Lease Name State, Federal of Fee Eunice 7 Rvrs Queen, South 35 State A AC 2 Location 660 Feet From The North Line and 330 _ Feet From The ____West_ Unit Letter ___ County , NMPM, Lea 225 Range 36E Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil XX Houston, Texas 77001 Box 2648 Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas
XCEL Pipeline Company or Dry Gas XX Sox Desta Dr., Ste. 3000 Midland, Tx 79705 Rge. Is gas actually connected? When? Sec. Twp. If well produces oil or liquids, give location of tanks If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, piemp, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbis. Oil - Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-m) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Date Approved JUL 27 1993 is true and complete to the best of my knowledge and belief. Orig. Signed Noten) By_ Paul Kautz Sign Production Analyst Geologist Robin S. Title Printed Name Title_

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

04/12/93

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tribulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

(915) 682-6324

Telephone No.

- 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.