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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, 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator		10 162	NINOI	PONT OIL	. AND NA	1011AL GA		PI No.			
Clayton Williams Energy, t.t.c. Inc.								30-025-08800			
Six Desta Drive, Suite 3000)	Midlan	d, T	exas 79705			_ <u>i</u>				
Reason(s) for Filing (Check proper box)		Change in	Tons	moster of:		er (Please expla	1	1.,			
New Well	Oil	Change in	Dry	- —		in Operato ve 04/07/9		ıy.			
Recompletion	Casinghe	ud Gas		den mate							
f change of operator give name	<u>-</u>					,		1			
and address of previous operator	ayton w	. W11111a	ills,	Jr., Inc.			0.00				
II. DESCRIPTION OF WELL	sires 3-20-97										
Lease Name	Well No. Pool Name, Included 46 Eunice 7 Rvr					rs Queen, South			id of Lease No. Lease No.		
State A AC 2		1 46	[[illice / KV	15 Wuceii,	300011					
Location		660		F 70.	South I:-	ne and198	30 E -	et Emm The	West	Line	
Unit Letter N	- :	860	_ Feet	From the	Journ Li	e and	<u></u>	et rioin like .	1000		
Section 5 Township	22	S	Rang	ge :	36E , N	МРМ,	Le	a		County	
				-							
III. DESIGNATION OF TRAN	SPORTE			ND NATU	RAL GAS	ve address to wi	Lish same	com of this f	orm is to he se	nt)	
Name of Authorized Transporter of Oil	XX	or Conde	DERIC						<i>am</i> 0 <i>10</i> 00 00	· - /	
Shell Pipeline Company Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Box 2648 Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)					
GPM Gas Corporation						sville, OK					
If well produces oil or liquids,	rell produces oil or liquids, Unit Sec. Twp.				 	ly connected?	When	When ?			
give location of tanks.	<u>i</u>	<u>l</u>	<u> </u>				L				
If this production is commingled with that f	from any ou	her lease or	pool,	give comming	ling order nun	nber:					
IV. COMPLETION DATA		1	 -		1 37 377.11		Descrip	Dhua Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Wel	1 	Gas Well	New Well	Workover	Deepen	i Ling Dack		l L	
Date Spudded		ipl. Ready t	o Prod	L	Total Depth	<u> </u>		P.B.T.D.	<u> </u>		
		•									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
					<u> </u>			Depth Casing Shoe			
Perforations	•			•		•		Deput Casin	ig Shoe		
		TIPNC	CA	SING AND	CEMENT	NG RECOR	D				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CLIVILIA	DEPTH SET			SACKS CEMENT		
NOCE SEE											
								<u> </u>			
								 -			
	TE EOD	ATTOM	ADI	TC							
V. TEST DATA AND REQUES OIL WELL (Test must be after n	ol FUK	ALLUW	ALD L	iE. ad oil and mus	the equal to a	r exceed too all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of T		0, 10	20 01 0/10 //40		Method (Flow, pi			<u>, , , , , , , , , , , , , , , , , , , </u>		
Date in a low on load 10 1	5 3 3 3										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
								Gas- MCF			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- McI			
								<u> </u>			
GAS WELL					1800 C-4	A A (CE		Coving of (Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity or v	Gravity of Condensate		
The Market (size back so)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pilot, back pr.)			— ,			•			_		
VI. OPERATOR CERTIFIC	ATEO	F COM	PI I	ANCE	1						
I hereby certify that the rules and regul						OIL CON				NC	
Division have been complied with and	that the infe	ormation gi	ven ab	sove			.111	L 27 19	193		
is true and complete to the best of my	knowledge	and belief.			Dat	e Approve	ed				
0/1/12	000	. 1)			. ,					
Roben S. n	7 Ca	cley			∥ By_	Orio	Signe				
Signature Robin S. McCarley	Pr	oduction	<u>n An</u> a	alyst		Pa	aul Kautz	:			
Printed Name			Titl		Title	•(leologist				
04/12/93		(915) 6				· · · · · · · · · · · · · · · · · · ·					
Dute		16	ephon	# IW.	11						

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.