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August 1999)				OMB	(APPROVED No. 1004-0136						
UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT APPLICATION FOR PERMIT TO DRILL OR REENTER I.a. Type of Work: DRILL CREENTER I.b. Type of Weil: OI Weil Cas Weil Other Single Zone Multiple Zone 2. Name of Operator				5. Lease Serial No	oveniber 30, 2000						
				NM-14847	J.						
				 6. If Indian, Allottee or Tribe Name 7. If Unit or CA Agreement, Name and No. 26582 8. Lesse Name and Weil No. PHILLIPS-19-FEDERAL #13 							
						CLAYTON WILLIAMS ENERGY, INC. 25706				9. API Weil No. 30-015-	3/122
						Address 3b. Phone No. (include area code)				10. Field and Pool, o	or Exploratory
SIX DESTA DR., #3000, MIDLAND TX 79705 (915) 682-6324 Location of Well (Report location clearly and in accordance with any State requirements.*)				EMPIRE	(YESO)						
At surface 2312' FNL & 1789' FWL; UL F At proposed a signature	'n any State :	equirements.*)		SECT. 19; T-	or Blk. and Survey or Area						
4. Distance in miles and direction from nearest town or post office*				12. County or Parish	1 13. State						
Imiles west from Loco Hills 5: Distance from proposed*	16. No.	of Acres in lease	17 Spacin	EDDY g Unit dedicated to thi	NM						
location to nearest 1789 property or lease line, ft. (Also to nearest drig. unit line, if any)		294.64	40		s well						
3. Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft. 1345' f/Phillips 19 Federal #12		posed Depth		BIA Bond No. on file							
1. Elevations (Show whether DF, KDB, RT, GL, etc.)		roximate date work will star		23. Estimated durar	ion						
3687' GL		n approval	· · · · · · · · · · · · · · · · · · ·	± 10 days	S man 200						
		ttachments	به که فرک بیزی 		.) - (.)						
ne following, completed in accordance with the requirements of Ousho	ore Oti and										
Weil plat certified by a registered surveyor. A Drilling Plan.				is unless covered by a	an existing bond on file (see						
A Surface Use Plan (if the location is on National Forest System SUPO shall be filed with the appropriate Forest Service Office).	n Lands, th	 Operator certification Such other site authorized office 	specific info	rmation and/or plans	as may be required by the						
Signanurg	N	ame (Printed/Typed)			Date						
/ D. tain gran		BETSY/LUNA			2-12-01						
the Opting Opting											
		ame (Printed/Typed)			Date						
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