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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 I-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWARI F AND AUTHORIZATION

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perator	<del></del>	10 1117	10	. 3111 31		<del> , , , , , , , , , , , , , , , , ,</del>		Pl No.			
Clayton Williams Energy, Inc.						30-025-08789					
Address		idland,	Tava	c 79705							
Six Desta Drive, Suite 3			1670		- T	ner (Please expla		<del></del>			
Reason(s) for Filing (Check proper box, New Well	,	Change in	Trans	sporter of:		M (7 1600 Capa	,				
Recompletion	Oil		Dry		Effectiv	e 11/01/93					
Change in Operator	Casinghe	_		densate							
change of operator give name											
ad address of previous operator											
I. DESCRIPTION OF WELL	L AND LE		In	t Nt Yanku	dias Farmation	· · · · · · · · · · · · · · · · · · ·	Vind.	of Lease		ease No.	
Lease Name	Well No.   Pool Name, Include							Pederal Kor×Pea×			
State A AC 2		27	Ja	Illiat Tails	iii iaces	7 KV15					
Location  Trait Letter P	. 66	60	East	From The	South Li	ne and 60	60 <b>F</b> e	set From The	East	Line	
Unit Letter	:		_ rea	riou ine _							
Section 5 Towns	ship 2	22S	Ran	ge	36E , N	ІМРМ,	Lea			County	
II. DESIGNATION OF TRA	NSPORTI	ER OF O	TI. A	ND NAT	URAL GAS						
Name of Authorized Transporter of Oil		or Conde	nsale		Address (Gi	ve address to wi	hich approved	copy of this	form is to be s	int)	
EOTT Oil Pipeline Compan		Ray_	(6)	ep		Box 4666					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
XCEL Gas Company						Six Desta Drive, Suite 580					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw	p. j. Rge	e. Is gas actua	lly connected?	When	1 ?			
f this production is commingled with th	et from any of	her lease or	nool	give commin	gling order nur	nber:					
V. COMPLETION DATA	at non any or		<b>p</b> 00.,		<b></b>						
Designate Type of Completic	on - (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.			Total Depth	Total Depth			<del></del>		
								<u> </u>	<del></del>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gai	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
								<u> </u>			
		TUBING, CASING AND							SACKS CEMENT		
HOLE SIZE	C/	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
			_					<del>-                                    </del>			
		,						1			
V. TEST DATA AND REQU	EST FOR	ALLOW	ABI	LE					4 411341	\	
OIL WELL (Test must be after			e of lo	ad oil and mu	ist be equal to	or exceed top all Method (Flow, p	owable for th	es depin or be	JOP JULI 24 NO	<i>( ( ( ( ( ( ( ( ( (</i>	
Date First New Oil Run To Tank	Date of T	est			Producing r	vietnou (riow, p	ump, gas iyi,	eic./			
Length of Test	Tubing P	Tubing Pressure			Casing Pres	Casing Pressure			Choke Size		
<b>_</b> _								Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bb	Water - Bbls.			Gas- MICI			
C. C. TITLL								<del></del>			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		<del></del>	Bbls. Cond	ensate/MMCF		Gravity of	Condensate		
Comment of Factor of Address of Association											
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size		
VL OPERATOR CERTIF	TCATEO	F COM	PI I	ANCE					D1. (10)	21	
I hereby certify that the rules and re						OIL CO	NSERV	ATION	DIVISIO	NC	
Division have been complied with	and that the inf	formation gi	ven a	bove						•	
is true and complete to the best of t	my knowledge	and belief.	`		Dat	te Approve	ed way	9 1001			
Pl's 1	n	1		)		FF. T.	MUA.	1 6 1330	,		
Motion XI.	Ma	Kley	_		By	URIGINAL:	SIGNED BY	/ JERRY SI	EXTON		
Signature  Robin S. McCarley	<i>ℓ</i> Pr	oduction	n Ana	alvst		URIGINAL:	RICT I SU	PERVISOR			
Printed Name			Tit		Titl	<b>A</b>	_				
10/28/93	(9	15) 682-			.    ''''	·					
Date		Te	depho	ne No.	- 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.