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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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l		10 IRA	1121	FUR! UIL	ANU NA	I UHAL GA					
Operator	-7	-					Well A	PI No.	789 OS	747	
Clayton Williams Energy, to	t.c. 1	nc.				<del></del>		30-025- <del>08</del>	789 0 3		
Six Desta Drive, Suite 3000	)	Midlan	d, T	exas 79705		<u>-</u>	<u> </u>				
Reason(s) for Filing (Check proper box)					X Out	et (Please expla	un)				
New Well		Change in		_		in Operator		ly.			
Recompletion $\Box$	Oil	ᆜ	Dry (	Gas 📙	Effecti	ve 04/07/93	3.				
Change in Operator	Casinghee	d Gas	Conc	ien sate		<u> </u>		:			
f change of operator give name and address of previous operator	layton W.	. Willia	ms,	Jr., Inc.		<del></del>		<u> </u>		,,,	
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name State A AC 2						ng Formation 11 Yates 7 Rvrs			i Le	ease No.	
Location		*	·								
Unit Letter	_ : <u>1</u>	980	Feet	From The _S	outh Lib	e and660	<u>)</u> Fe	set From The	East	Line	
Section 5 Township	225	<u> </u>	Rang	ge 3	86E N	мрм,	Le	<u>a</u>		County	
III. DESIGNATION OF TRAN		R OF O		ND NATU	RAL GAS	e address to wh	ich anneme	com of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil Shell Pipeline Company	XX	U CARGO			Box 4			exas 7724:		•	
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Giv	e address to wh	ich approved	copy of this form is to be sent) Midland, Tx 79705			
XCEL Pipeline Company	Unit	Sec.	Twp	Rge.	Six Desta Dr., Ste 5			When ?			
If well produces oil or liquids, give location of tanks.	l Ollik				925 34142	, company.					
If this production is commingled with that I IV. COMPLETION DATA	from any oth	her lease or	pool,	give comming	ing order sum	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	B, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casin	ig Shoe		
				•		•		1	•		
		TIRNC	CA	SING AND	CEMENTI	NG RECOR	D	<del></del>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE		CASING & TUBING SIZE				DEI III GET					
	<del> </del>										
	<del>                                     </del>							1			
	<del> </del>										
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E	i	-					
OIL WELL (Test must be after n					be equal to or	exceed top allo	wable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		0) 100			ethod (Flow, pu					
Date First New Oil Run 10 1444	Date of 10	-					, , ,				
Length of Test	Tubing Pressure				Casing Press	ure .		Choke Size	Choke Size		
•									C. MCE		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<del></del>			-	·						
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
	<u> </u>										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VL OPERATOR CERTIFIC	ATE OF	F COM	PT TA	NCE							
						OIL CON	<b>ISERV</b>	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										٠.	
is true and complete to the best of my l	mowledge a	and belief.			Date	Approve	a .IIII	27 19	93		
01:01 1 100	000	, )			Daile	Applove	( <u>)</u>				
- Rolen S. M. Carley					Bv_	By Geologist					
Signature Robin S. McCarley Production Analyst						J)					
Robin S. McCarley Production Analyst Printed Name Title					Orig. Signed by						
04/12/93 (915) 682-6324					Title	Title Paul Kautz Geologist					
Dete			ephon		11		Georo	S <sub>101</sub>			
					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 weils.
- 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.