Sub at 5 Copies
A: ropriste District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Depar

Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator			*****	<u> </u>		.,		Well	API No.			
Clayton Williams Energy,	Inc.							30	-025-0879	3		
Address								- · · · · ·				
Six Desta Drive, Suite 300	00 M	lidland,	Texa	s 797	05			_				
Reason(s) for Filing (Check proper box)						Oth	er (Please expla	zin)				
New Well		Change in	Trans	porter o	of:						i	
Recompletion	Oil		Dry	Gas							į	
Change in Operator	Casinghe	ad Gas 🗌	Cond	len mte	<u> </u>	Effective	11/01/93					
If change of operator give name		•										
and address of previous operator										·····		
II. DESCRIPTION OF WELL AND LEASE									of Lease No.		aca No	
Docto : 1220								of Lease No. Federal & Fed		250 140.		
State A AC 2		33	Ja	ımat	Tansı	11 Tates	7 KVIS					
Location					_		4	000 -		Enak	<b>*</b> :	
Unit Letter 0	- :	660	Feet	From T	he 50	uth Lin	and	980 Fe	et From The	<u>East</u>	Line	
e de la Tromatic	_ 2	25	Dana		3	6E N	мрм,	Lea			County	
Section 5 Township	2		Rang	(E		, IVI	virivi,					
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL A	ND N	ATU	RAL GAS						
Name of Authorized Transporter of Oil		Energy				Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	nt)	
EOTT <del>Oil Pipeline Company</del>	8018	te etiva	AB	ш <u>ола</u> Л	Γ	P. 0.	Box 4666_	Houston,	Texas 77	210-4666		
Name of Authorized Transporter of Casing				ry Gas	XX		e address to wh				nu)	
XCEL Gas Company				·		Six Desta Drive, Suite 58			00 Midland, Texas 79705			
If well produces oil or liquids,	Unit	Sec.	Twp.	.	Rge.	Is gas actually connected? When			7			
give location of tanks.	<u>i                                     </u>	<u> </u>	1						<del>-</del>			
If this production is commingled with that i	from any or	her lease or	pool,	give cor	mmingli	ing order num	ber:					
IV. COMPLETION DATA							, <del></del>			·	him n	
D. Laure Trans of Completion	<b>~</b>	Oil Well	ı İ	Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Donatio				Total Depth	<u> </u>	1	P.B.T.D.		<u> </u>	
Date Spudded	Date Com	ipl. Ready i	o Piod	•		ion Depar			F.B. 1.D.			
El						Top Oil/Gas	Pay	···	Tubing Dep	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation							•					
Perforations									Depth Casin	g Shoe		
	<del></del>	TUBING.	CAS	SING	AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT			
	<u> </u>	<del></del>										
									<u> </u>			
									ļ			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E						for full 24 hour	\	
OIL WELL (Test must be after r			of loa	d oil an	ed must	be equal to or	exceed top allow, proceed to allow, proceed to allow, proceedings and the second secon	wable for the	s depin or be	JOF JUL 24 HOL	73.)	
Date First New Oil Run To Tank	Date of T	est				Liconcing w	eunou (riow, pi	mφ, gos iyi, i	····			
						Casing Press	ure —		Choke Size	<del></del>		
Length of Test	of Test Tubing Pressure					Canag I						
coal Prod. During Test Oil - Bbls.						Water - Bbis			Gas- MCF			
Actual Flor During 100	On - Don	••				1						
GAS WELL	The state of the					Bhis Conde	sate/MMCF		Gravity of Condensate			
Actual Prod. Test - MCF/D	Length of Test				Bola: Condition							
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size			
Testing Method (pitot, back pr.)			,				•					
	A TTE O	F CO) (	DI IA	NICT		<u> </u>						
VL OPERATOR CERTIFIC					3		OIL CON	<b>ISERV</b>	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above											•	
Division have been compiled with and that the information given above is true and complete to the best of my knowledge and betief.						Date Approved MOV 1 9 1003						
						Date Approved NOV 1 2 1993						
Roten A. Micarley)						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Signature Signature						By_	D	ISTRICT I	SUPERVIS	/6		
Robin S. McCarley	Proc	duction /								•		
Printed Name	(01	15) 682-	<b>Tide</b> 5324	•		Title						
10/28/93 Date	(3		ephon	e No.		1						
		. •		<del></del>		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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
   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.