Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1925 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

Operator											
		-					Weil A				
Clayton Williams Energy, bale. Inc								25-08798			
Address				- 70705	٠,						
Six Desta Drive, Suite 3000	<u> </u>	Midian	d, le	xas 79705		(Please expla				~~~	
Reason(s) for Filing (Check proper box)		Chance in	Tana	and and offi	_	,	- A	lu.			
lew Well : □		Change in	•	_		n Uperato e 04/07/9	r Name onl 3.	· y •			
Recompletion :	Oil	🗄	Dry G		Litectiv	2	J.				
Change in Operator	Casinghead	i Gas	Conde			<u> </u>					
change of operator give name C1	ayton W.	Willia	ms, J	r., Inc.							
•											
I. DESCRIPTION OF WELL A	AND LEA	SE				/D 0\	Vinda	f Lesse	1.	ase No.	
ease Name					ng Formation		State	A A A A A A A A A A A A A A A A A A A	-		
State A AC 2		47	Jalm	nat Tansi	11 Yates 7	Rvrs					
ocation											
Unit LetterC	_ :	1980	Feat F	rom The We	st Line	and	560 Fe	et From The _	North_	Line	
Section 5 Township	225	<u> </u>	Range	3	6E , NN	IPM,	Le	<u> </u>		County	
I. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	ID NATU	RAL GAS						
isms of Authorized Transporter of Oil		or Conde		XX	Address (Give			copy of this for	M II IO DE SE	ru)	
Shell Pipeline Company				<u> </u>	Box 42			exas 77242			
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas XX				copy of this for	m is to be se	nt)	
XCEL Pipeline Company					Six De	sta Dr.,	Ste 5800	Midland,	1x /9/05	·	
f well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	Whea	?			
ive location of tanks.	i i		1				1				
this production is commingled with that f	from any oth	er lease or	pool, g	ive comming	ing order numb	er:					
V. COMPLETION DATA	•		•								
		Oil Wel	J	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res v	Diff Res'v	
Designate Type of Completion	- (X)	i	i		i i		1 _	1		<u> </u>	
Date Spudded	Date Com	pi. Ready t	o Prod.		Total Depth			P.B.T.D.			
Jas Spaces											
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	OUTANIO	<u> </u>	Top Oil/Gas	ay		Tubing Depth	1		
EVENUE (DP, RRB, R1, OR, SEC.)								1			
Perforations					<u> </u>			Depth Casing Shoe			
reli ot adous	•					•					
								1			
		TIDDIC	CAS	ING AND	CEMENTI	NG RECOR	RID CIS	1			
					CEMENTI			S	ACKS CEM	ENT	
HOLE SIZE		TUBING SING & T			CEMENTI	NG RECOR		S	ACKS CEM	ENT	
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/. TEST DATA AND REQUES	CA ST FOR	SING & T	UBING	SIZE	t be equal to or	DEPTH SET	lowable for the	is depth or be fi			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	CA ST FOR	SING & T	UBING	SIZE	t be equal to or	DEPTH SET		is depth or be fi			
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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.