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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRA	NSP	ORT OIL	AND NA	TURAL G	AS	•				
Operator								II API No.				
Clayton Williams Energy, L.	t.e.]	4C,						30-025-0	8817			
Address						-				1		
Six Desta Drive, Suite 3000		Midlan	d, Te	xas 79705						· · · · · · ·		
Reason(s) for Filing (Check proper box)						et (Pheuse expl						
New Weil		Change in	•			in Openato		only.				
Recompletion \square	Oii		Dry G		£ffect1	ve 04/17.9	33.					
Change in Operator	Casinghead	Gas	Conde	en gate		<u> </u>						
If change of operator give name and address of previous operatorC1	ayton W.	Willia	ms, J	lr., Inc.								
•		05	_	<u> </u>								
II. DESCRIPTION OF WELL			7013	Manager de la color dis	Fi	(Dna Cas)		nd of Lease		ease No.		
Lease Name		Well No. 5	i			(Pro Gas)	St	ate, Aradera North				
State A AC 2			Jair	mat Tansi	II faces	/ KVIS						
Location Unit LetterA	. : <u></u>	60	. Feet F	From The N	orth Lim	e and6	560	Feet From The	East	Line		
Section 7 Township	225	-,	Range	e 3	6E , N	мрм,		Lea		County		
III. DESIGNATION OF TRANS				ND NATU	KAL GAS	a add	hick a	ned com of this	form is to be se	ent)		
Name of Authorized Transporter of Oil		or Conder	علد:	XX	Address (Give address to which approved copy of this form is to be sent) Box 42130 Houston, Texas 77242							
Shell Pipeline Company						Box 42130 Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing XCEL Pipeline Company	or Dr	y Gas XX										
	I This	Sec.	Twp. Rge.		Six Desta Dr., Ste 5800			hen?				
If well produces oil or liquids, give location of tanks.	Unsit 		, . ~ p	l Me.		,	'					
If this production is commingled with that f	mm any othe	r lease or	nool e	ive comming	ing order num	ber:						
IV. COMPLETION DATA	юш ш у ош	0.	, po, p	, · · · · · · · · · · · · · · · · · · ·								
	~	Oil Well	Ţ	Gas Well	New Well	Workover	Deepe	a Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -	Date Compl	<u> </u>	<u>_</u>		Total Depth		_l		ــــــــــــــــــــــــــــــــــــــ			
Date Spudded	o PTOG.		Total Deput			P.B.1.D.	P.B.T.D.					
levations /DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth							
Elevations (DF, RKB, RT, GR, etc.)	OMINALO	AU.	100 012 000	,		Tubing De	Tubing Depar					
Perforations					!	·		Depth Casi	ng Shoe			
1 dice and				•	•	•		,	_			
		IRING	CAS	ING AND	CEMENTI	NG RECOR	RD					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
HOLE SIZE	- OAC	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		0.22				i				
					1							
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	£								
OIL WELL (Test must be after re	covery of lot	ial volume	of load	d oil and must	be equal to o	exceed top al	lo wable for	this depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes	Ł			Producing M	ethod (Flow, p	ownp, gas i	ift, etc.)				
	Tubing Pressure				<u> </u>			(C-0) (C				
Length of Test					Casing Press	ше		Choke Size	Choke Size			
									Gas- MCF			
ctual Prod. During Test Oil - Bbls.					Water - Bbls			GA- NICE	Ga- McI			
	<u></u>					<u> </u>						
GAS WELL												
Actual Prod. Test - MCF/D	Length of T	est			Bbis. Conde	nate/MMCF		Gravity of	Condensate			
									Acto See			
sting Method (pitot, back pr.) Tubing Pressure (Shut-m)					Casing Press	ure (Shut-in)		Choke Size	:			
					ļ							
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE			NOCE	VATION	DIVICIO	201		
I hereby certify that the rules and regula	ations of the	Oil Conse	rvation		11			VATION		719		
Division have been complied with and	that the infor	metion giv	ren abo	Ye				97 1	003			
is true and complete to the best of my h	nowledge an	d belief.			Date	Approve	ed	JUL 27 1				
plin I man	co.	1 -)			• •						
	Call	ey/	, 		By_		_orig. §	Signed Di Kautz				
Signature Robin S. McCarley	Pro	duction	Anal	lvst	-		Pau	Kautz				
Printed Name		auc c i Oli	Title	1736	Title		Ģ	010P-				
04/12/93	(915) 68		24	IIIIE							
Date	<u> </u>		ephone									

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.

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