Submit 5 Copies Appropriate District Office DISTRICT I	State of New Mexico Energy, Minerals and Natural Resources Department									Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088										
DISTRICT III		Sa	inta Fe,	New Me	exico 8750	4-2088					
1000 Rio Brizos Rd., Aziec, NM 87410			-			AUTHORIZ	A,S				
Operator	-7			·				PI No.			
Clayton Williams Energy,	<del></del>	· • • • ·					30	-025-0882	2		
Six Desta Drive, Suite 3000	)	Midlan	nd, Tex	as 79705		<u> </u>		<u></u>			
Reason(s) for Filing (Check proper box) New Well		Change in		ter of:	_	<del>x</del> ( <i>Please expla</i> in Operato		1			
	Oil		Dry Ga			ve 04/07/9					
Change in Operator	Casinghe	nd Gas	Conden	nte 🗌	<u>`</u>				= .		
If change of operator give nameC1	layton W	. Willia	ms, Jr	., Inc.							
II. DESCRIPTION OF WELL	AND LE						. Wind	f Lesse		ase No.	
Lease Name State A AC 2		Well No. 9	1 I	-	<b>ng Formation</b> 11 Yates 7	' Rvrs					
Location		·	1001110				<u></u>				
Unit LetterG	:16	50	_ Feet Fro	m The <u>No</u>	orth Lin	and	<u>)</u> Fe	et From The _	East	Line	
Section 7 Township	22	s	Range	3	6E .N	ирм,	Le	3		County	
III. DESIGNATION OF TRAN		or Conden			RAL GAS Address (Giv	e address to wi	hich approved	copy of this fo	rm is to be se	nl)	
Shell Pipeline Company					Box 42130 Heuston, Texas 77242						
Name of Authorized Transporter of Casing	ghead Gas XX or Dry Gaa				Address (Give address to which approved copy Six Desta Dr., Ste 5800 Mi				rm <i>is to be se</i> Tx 79705		
If well produces oil or liquids,	Unit	Sec.									
give location of tanks.	i	Ĺ	<u> </u>	<u> </u>							
If this production is commingled with that I IV. COMPLETION DATA	from any ot	her lease or	pool, giv	e commingl	ing order sum	ber:		<u> </u>			
		Oil Wel		ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		ipi. Ready u			Total Depth	l		P.B.T.D.	[		
Date Spudded		ipi. Kuniy u						1.2			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay Tubi			Tubing Dept	bing Depth		
Perforations					De			Depth Casing	epth Casing Shoe		
									·		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE											
					· · · · · · · · · · · · · · · · · · ·						
		<u></u> – – – –		· · · · · · · · · · · · · · · · · · ·							
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE								
OIL WELL (Test must be after n Date Firm New Oil Run To Tank	ecovery of I Date of T		e of load o	oi and must	be equal to or Producing M	exceed top all ethod (Flow, p	owable for thi ump, gas lift, e	s aepin or be f uc.)	or juu 24 ROU	• • · j	
								Chala Size			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
			<u> </u>							<u></u> ·	
GAS WELL					Phile Conden			Gravity of C	ondenmin		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
					1			.!			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	ations of the that the inf	e Oil Conse ormation giv	noiteva				ISERV	AT 1993	DIVISIO	<b>DN</b>	
is true and complete to the best of my l	izzowiedge	and belief.			Date	Approve	be	<u>.</u>			
Rotin S. MCarley					Orig. Signed by						
Signature Robin S. McCarley		duction	n Analv	st	By_		Geolo	gist			
Printed Name			Title		Title						
04/12/93		(915) 68 <b>Te</b>	82-6324 Jephone N			_					
	أنستزكر				<u></u>						

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.