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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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	11200	TO TRA	NSP	ORT OIL	AND NA	TURAL G	AS					
Operator		10 110	1101	OITI OIL	7475			API No.				
Clayton Williams Energy	yton Williams Energy, Lt.C. Inc.						30-025-08824					
Address												
Six Desta Drive, Suite 30	000	Midlar	nd, Te	xas 79705								
Reason(s) for Filing (Check proper box,					X Out	et (Please expl	ain)					
New Well:		Change is				in Operato		1y.				
Recompletion	Oil		Dry G	_	Effecti	ve 04/07/3	93.					
Change in Operator	Casinghe	ad Gas	Cond	come								
f change of operator give same	Clayton W	. Willia	ams, J	Jr., Inc.						,		
and address of previous operator					.4							
II. DESCRIPTION OF WEL	L AND LE		-TA		int.	J =	Vind	of Lease	1.	ease No.		
Lease Name								**************************************		25 110		
State A AC 2		12	Jan	mat lansi	II lates	7 1(41.5			1			
Location	10	.00			المالية المالية	66	0 -		East	* :		
Unit Letter	:19	80	_ Feat I	From The	South Li	e and66	<u> </u>	set From The _	Last	Line		
7	<u>.</u> 22	c	Dage		6E .N	мрм,	Le	a		County		
Section / Towns	hip 22	<u> </u>	Range	<u> </u>	OC , N	MIPM,						
II. DESIGNATION OF TRA	NCDODTE	D OF C	NT. AT	ND NATII	RAL GAS							
Name of Authorized Transporter of Oil		or Conde			Address (Give address to which approved copy of this form is to be sent)							
Shell Pipeline Company		XX	Box 4			exas 77242						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)						
XCEL Pipeline Company	-	_	'		Six Desta Dr., Ste 5800 Midland, Tx 79705							
If well produces oil or liquids,	Unit	Sec.	Twp. R		ls gas actual	y connected?	Whea	When?				
give location of tanks.	i	1										
f this production is commingled with th	at from any of	her lease o	r pool, g	rive comming	ing order sum	ber:						
IV. COMPLETION DATA										_,		
		Oil We	U	Gas Well	New Well	Workover	Deepen	Plug Back	same Resiv	Diff Resiv		
Designate Type of Completic					<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	<u> </u>		_l		
Date Spudded	Date Com	pl. Ready	to Prod.		Total Depth			P.B.T.D.				
					Ten Oil/Can	Bau		<u> </u>				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
								- Depth Casing Shoe				
Perforations								Dept. Casing				
				- ·	CTA CENT	NC PECOI	<u> </u>					
		TUBING, CASING AND							SACKS CEMENT			
HOLE SIZE	C/	CASING & TUBING SIZE			DEPTH SET			SAONO CEMENT				
					 			-				
												
					<u> </u>							
V. TEST DATA AND REQU	FCT FOR	ALLOW	ARLI	F.	<u> </u>							
OIL WELL Test must be after	e recovery of t	total volum	of load	d oil and must	be equal to o	r exceed top al	lowable for th	is depth or be fo	e full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of T				Producing N	lethod (Flow, p	nump, gas lift,	eic.)				
Date Fire New On Rule 10												
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size			
						-						
Actual Prod. During Test	During Test Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF			
					<u></u>							
CACHELL								. – –				
GAS WELL Actual Prod. Test - MCF/D	Length of	Test	-		Bbis. Conde	assic/MMCF		Gravity of C	ondensate			
WOMEN LIGHT 1 MAY - MACLIN	Canada Canada											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)			Choke Size			
sering transpose (hence) over the A												
ARER LEGAL CONTRACTOR	TCATT O	E COL	DI IA	NCE	1							
VL OPERATOR CERTIF					11	OIL CO	NSERV	'ATION [DIVISIO	NC		
I hereby certify that the rules and re Division have been complied with a	guintations of the and that the inf	omnetice of	NGE ESV) XVE						*.		
is true and complete to the best of t	ny knowledge	and belief.		· · •	Det	a Ann-a-	od J	UL 27	333			
		_			Dat	e Approv	ea					
Polim 1 m	Carle.	/						17				
Signature	my	<u> </u>			∥ By₋		ul Kautz	У				
Robin S. McCarley	Pr	oductio				Pa	eologist					
Printed Name			Title		Title	•						
04/12/93		(915) 6			11							
Dute		10	dephose	TWO.	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 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.