1													
Submit 5 Copies		Energy 1	(:			ew Mexico			Form C-104 Revised 1-1-89				
Appropriate District Office		LifetBy, N			NI 1980	iral Resources Department					See Ins	tructions	
P.O. Box 1980, Hobbs, NM 88240		OILC	ON	ISEI	RVA	TION DIVISION					at Bottom of Page		
DISTRICT II P.O. Drawer DD, Artenia, NM 88210	A 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088												
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		34	nia i	re, ne			04-2088						
	REQ						AUTHOR		NC				
I. Operator			NNS	PUH		AND NA	TURAL		Well A	PI No.			
Clayton Williams Energy, 🗠	.t.c.	<u>Inc</u>					·		3)-025- 08	875 ČČ	325	
Address Six Decta Deive Suite 300	n	Midlan	а т		79705	· · ·							
Six Desta Drive, Suite 3000 Reason(s) for Filing (Check proper box)	<u> </u>	Fildran	<u>u, i</u>	exas			ner (Please ex	plain)					
New Well	01	Change in		•	of:		in Operative 04/07,		e onl	у.			
Change in Operator	Oil Casinghe	ad Gas 🗌	Dry Con	den mie		Lilect	ive 04707,	J J •					
If change of operator give same	layton W	. Willia	 ms.	Jr.,	<u> </u>	·							
II. DESCRIPTION OF WELL			 TA				1, 1 2 -1	فر سم					
Lease Name				Name,	<u>Includi</u>	ng Formation		71	Kind o			ease No.	
State A AC 2		19	Ja	lmat	Tansi	11 Yates	7 Rvrs	!	State,/F		ě		
Location		cc 0	_					1000	-		Esst	•.	
Unit Letter0	_ :	660	Feet	From 1	the <u>Sc</u>	outh Lin	e and	1980	Fee	From The	East	Line	
Section 7 Township	p 22	<u>S</u>	Rang	ge	3	6E , N	MPM,		Lea			County	
III. DESIGNATION OF TRAN	SPORT		[]. A	ND N	ATI I	RAL GAS							
Name of Authorized Transporter of Oil		or Conden]			••			form is to be s	unt)	
Shell Pipeline Company	11 Pipeline Company						Box 42130 Houston, Texas 77242 Address (Give address to which approved copy of this form is to be						
Name of Authorized Transporter of Casing XGEL Pipeline Colupany	, ,	nead Gas XX or Dry Gas				1	esta Dr.,				, Tx 7970		
If well produces oil or liquids, give location of tanks.	Unnit.	Sec. Twp. Rge. is				is gas actually connected? When				?			
If this production is commingled with that I	from any ot	her lease or	pool,	give co	armingl	ing order sur	iber:						
IV. COMPLETION DATA		Oil Well		Ges V	Vell	New Well	Workover	Deer		Phue Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1	i				1				<u> </u>		
Date Spudded	Date Com	ipi. Ready to	Prod	L		Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Top Oil/Gas Pay				Tubing Depth		
Performions											Depth Casing Shoe		
renorations						•				Depth Cash	IR THOSE		
	TUBING, CASING AND					CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
	· · · · · · · · · · · · · · · · · · ·					······································							
V. TEST DATA AND REQUES	T FOP	ALLOW	RI	F	<u> </u>						<u></u>		
OIL WELL (Test must be after n					ed must	be equal to o	exceed top a	llowable f	or this	depth or be	for full 24 hou	75 .)	
Date First New Oil Run To Tank	Date of To						iethod (Flow,						
Length of Test	Tubing Pressure					Casing Pressure				Choke Size			
											<u> </u>		
Actual Prod. During Test	Oil - Bbls	•				Water - Bbis	-			Gas- MCF			
	1		<u> </u>	<u>_</u> .		[<u>.</u>					
GAS WELL Actual Prod. Test - MCF/D	Length of Test					Bbis. Condennais/MMCF				Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pr	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)				Choke Size			
VL OPERATOR CERTIFIC	ATEO	FCOMP		NCF									
I hereby certify that the rules and regula	ntions of the	oil Conser	vation	1	-		OIL CO	NSEF	٦V٩	TIGN	pivisio	N	
Division have been complied with and i is true and complete to the best of my h			en abc	ove		li			16	1 1330	,	٠.	
	•	_				Date	e Approv	ed					
Rolen S. m.	Carl	y_				By_		Orig.	Sign	ed by			
Robin S. McCarley Production Analyst						By Paul Kautz Geologist							
Printed Name			Title	;		Title	·		-0108				
04/12/93 Dete		(915) 682 Tele	2 - 53. phone										
		<u>الله الخديدي</u>				U							

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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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.