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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

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

\		0 1117	11101	OI II OIL	אווט וואו	0.0.0	Well A	PI No.				
perator				30-025-08829								
Clayton Williams Energy, Late. Inc.									30 023 00023			
Six Desta Drive, Suite 3000)	Midlar	d, Te	xas 79705		<u> </u>	\					
eason(s) for Filing (Check proper box)					X Othe	T (Please expla	zijn)					
ew Weil		Change in				in Operato		ly.				
ecompletion \square	Oil	느	Dry G		Effectiv	ve 04/07/9	э.					
hange in Operator	Casinghea	d Gas	Conde		,	<u> </u>						
change of operator give name d address of previous operator	layton W.	Willia	ms, J	r., Inc.		<u> </u>						
•	AND LEA	SE						١.				
ease Name	PARTIE WELL AND LEASE Well No. Pool Name, Include				ng Formation		,	Kind of Lease		Lease No.		
State A AC 2	3 Eunice 7 Rvr				s Queen,	South	State,	State, Federal XX Fee				
ocation												
Unit Letter G	<u>: 19</u>	980	_ Feet F	rom The No	orth Line	and198	30 Fe	et From The	East	Line		
_				_						Country		
Section 8 Townshi	p 225	<u> </u>	Range	3	6E , NI	мрм,	Le	a		County		
I. DESIGNATION OF TRAN	CDADTE	D OF C	TT. AP	ND NATE	RAT. GAS							
lame of Authorized Transporter of Oil		or Conde			Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	ns)		
Shell Pipeline Company					Box 2648 Houston, Texas 77001							
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved copy of this form is to be sent)							
Phillips 66 Natural Gas Co				<u>5 (010</u>								
If well produces oil or liquids,	r liquids, Unit Sec. Twp. Rge.				is gas actuali	y connected?	When	?				
ive location of tanks.	1				ing order							
this production is commingled with that V. COMPLETION DATA	from any oth	et icase o	poot, g	hae commingi	ING OLDER, BRILLY					-		
V. COMPLETION DATA		Oil We	u	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	j	i		i	İ	İ	L	<u> </u>			
Date Spudded	Date Com	pl. Ready	to Prod.	-	Total Depth			P.B.T.D.				
					Top Oil/Gas Pay			Tuking Dooth				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Depth				
erforations					L			Depth Casin	ng Shoe			
	•			•	•	,						
	7	TUBINO	, CAS	ING AND	CEMENTI	NG RECOF	RD CI					
HOLE SIZE		SING & 1				DEPTH SET			SACKS CEM	ENT		
					<u> </u>		<u> </u>	+				
		•						 				
V. TEST DATA AND REQUE	ST FOD	ATT OW	ARI 1	E				1				
V. TEST DATA AND REQUE OIL WELL (Test must be after t	recovery of t	otal volum	e of loa	– d oil and musi	t be equal to o	exceed top al	lowable for th	is depth or be	for full 24 hos	ers.)		
Date First New Oil Run To Tank	Date of Te			_ = /	Producing M	ethod (Flow, p	ourup, gas lift,	elc.)				
								Chaha Sina				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
	<u> </u>				Water Dit			Gas- MCF				
Actual Prod. During Test	Oil - Bbls				Water - Bbls	L		Car Mich				
												
GAS WELL					IDSIa Candi	anta A A A A C C		Gravinu of	Condensate			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Protect Marked Andrea Angelone 1	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	**************************************					,						
THE OPEN APON CENTER	TATE O	E CON	TOT TA	NCE	1		_					
VI. OPERATOR CERTIFIC	JAIE U	r CUIV. e Oil Casa	ervation	MACE		OIL CO				NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						JUL 2 7 1993						
is true and complete to the best of my	knowledge	and belief.			Dat	e Approv	edJI	JL & I	1000			
01:-		_)			pp. 0 v						
Kolun S. Y	Max	ley			∥ _{By} _		Orig. Sig Paul 1	gned by Kautz				
Signature 4	/ D-	oduction	n Ann	lvs+	- (Geole					
Robin S. McCarley Printed Name	Pr	Quactit	Title		Title	.						
04/12/93		(915) 6				·						
Date		<u>T</u>	elephon	e No.	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.