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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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	<del></del>	10 111/	7110	0111 010	אוו טווא	TOTIAL GA	Well /	API No.				
Clayton Williams Energy, Lt.e. Inc.:						30-025-08830						
Address												
Six Desta Drive, Suite 3	000	Midlar	nd,	Texas 7970	5	(	i					
Reason(s) for Filing (Check proper box	:)				X Oth	es (Pleus: expla	zijk)					
New Well		Change is	-	sporter of:		in Operato		ly.				
Recompletion	Oil		•	Gas 📙	Effecti	ve 04/07/9	3.					
Change in Operator	Casinghe	ad Gas	Con	densate		<u> </u>	<del></del>					
f change of operator give name and address of previous operator	Clayton W	. Willia	ms,	Jr., Inc.	· .							
• •	LANDIE	ACE	TA-	<u> </u>	+- 7							
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No.   Pool Name, Including						Ţ	Kind	Kind of Lease Lease No.				
State A AC 2		7	1	unice 7 Rv		South		Rederal on Re	ex x			
Location		<u> </u>	1 -									
<u> </u>	. 6	60	Ess	t From The N	orth 1:	e and660	)	et From The	West	Line		
Unit Letter			_ 100	t rion the		C 41M						
Section 8 Town	ship 22	s	Rar	nge .	36E , N	MPM,	Le	a		County		
III. DESIGNATION OF TRA				AND NATU					form is as he s	4)		
Name of Authorized Transporter of Oil	XX	or Conde	عندو			e address to wi	• •		UM S 10 DE 30	int)		
Shell Pipeline Co.		[Base]		D=1 G=2 -	Box 2648 Houston, Texas 77001  Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					,		• • •	COPY OF THE F	~ m u w 04 30	,		
If well produces oil or liquids,	GPM Gas Corporation well produces oil or liquids. Unit			p. Rge.	Bartlesville, Oklahoma Is gas actually connected?			nen ?				
if well produces of or liquids,	i omr	Sec.	Tw₁	ի լ <i>տ</i> ֆե-	is gas actual	y comocaca.		•				
If this production is commingled with the	at from any of	her lease or	pool.	give comming	ing order num	ber:						
V. COMPLETION DATA			<b>F</b>									
		Oil Wel	ш	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res v		
Designate Type of Completion	on - (X)	_i			Ì		<u>L</u>	<u> </u>	<u> </u>			
Date Spudded	Date Corr	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
					T Oll/O P							
Elevations (DF, RKB, RT, GR, etc.)	Producing F	oma	tion	Top Oil/Gas Pay			Tubing Depth					
Perforations								Depth Casin	na Shoe			
renormons				•	•	• .		Dept. 0				
		TURING	CA	SING AND	CEMENT	NG RECOR	D					
HOLE SIZE	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
HOLE SIZE		Oriente a reside diss										
					1							
V. TEST DATA AND REQU	EST FOR	ALLOW	ABI	LE								
OIL WELL (Test must be after	er recovery of I	otal volume	of lo	ad oil and mus	be equal to or	exceed top all	owable for the	is depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of To	es			Producing M	ethod (Flow, pi	wnp, gas iift,	elc.)				
					Casing Pressure Choke Size							
Length of Test	Test Tubing Pressure				Casing Press	uic.		CHORD SIZE				
And David Ton	(Oil Bhi					Water - Bbis.			Gas- MCF			
ctual Prod. During Test Oil - Bbls.												
	1				1			I	<del></del> _			
GAS WELL		<b>T</b>			Ibble Cent	sate/MMCF		Gravity of G	Condensate			
Actual Prod. Test - MCF/D	Length of	Test			DOIS. CORDE	HEREN MINICE		CIETRY OF				
Torsion Marked Julius Academia	pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)												
	TO 4 MT C		nr r	ANCE	ir				_			
VI. OPERATOR CERTIF						OIL CON	<b>ISERV</b>	ATION	DIVISIO	NC		
I hereby certify that the rules and re Division have been complied with a	gulations of the	e Oil Conse	ven aj MVBTIC	DIG hove			1111	27 19	03	,		
is true and complete to the best of t	ny knowledge :	and belief.			Date			. D . 13	J			
0 / )	-	a )			Date	Approve	Di					
Rolem S. m	Maxl	w/				Δ.	rig. Signe	ed <b>by</b>				
Signature	, marin	1			∥ By_	<u> </u>	Paul Kai	1 Line				
Robin S. McCarley	Pr	<u>oduction</u>					Geologi	st				
Printed Name		(915) 68	Titi 32-61		Title	·				·		
04/12/93		<del></del>		ne No								

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.