Submit 5 Copies Appropriate District Office <u>DISTRICT I</u>]	Energy, M	-			ew Mexico ural Resources Department				Form C-104 Revised 1-1-89 See Instructions		
O. Box 1980, Hobbs, NM 88240	ATION DIVISION				at Boti	om of Page						
O. Drawer DD, Artesia, NM 88210		San	ita Fe,			ox 2088 exico 875(4-2088					
ISTRICT III 200 Rio Brazos Rd., Azzec, NM 87410	REQU								ł			
I. TO TRANSPORT OIL AND NATURAL G/									Well API No.			
Clayton Williams Energy, Inc.						30-025-08836						
Six Desta Drive, Suite 3	3000 M	lidland,	Texas	7970)5							
leason(s) for Filing (Check proper box)		Change in 7	Franspo	nter of:		[] Oth	et (Please exp	lain)				
Recompletion	Oil Casinghea	_	Dry Ga Condea			Effectiv	e 11/01/93	3				
change of operator give name ad address of previous operator	Caligne				<u> </u>							
. DESCRIPTION OF WELL	AND LEA	SE	- T A		S	1			· · ·			
.case Name	e Name Well No. Pool Name, Including Formation						South State, Fodewith WF			Lease No.		
State A AC 2		37	Euni	ce /	Kvr	s Queen,	South	344	c, rooster or re	•		
Unit Letter K	:19	<u>80 </u> 1	Feet Fra	m The	<u> </u>	outh Lin	and198	30	Feet From The	West	Lir	
Section 8 Townsh	ip 2	25 1	Range	3	6E	, N	APM,	Le	a .		County	
I. DESIGNATION OF TRAN	NSPO ER	P AF OU			T1 11							
lame of Authorized Transporter of Oil		Ellective	Pipa	tine I	P		e address to w	hich approv	ed copy of this j	form is to be s	eni)	
EOTT 0il Pipeline Compar lame of Authorized Transporter of Casin			8-R-C		-	P. 0. B			on, Texas 7 ad copy of this j			
GPM Gas Corporation	as Corporation					Bartlesville, Ok						
well produces oil or liquids, ve location of tanks.	Unit Sec. Twp. Rge			¢ge.	Is gas actually connected?			When?				
this production is commingled with that . COMPLETION DATA	from any oth		ool, give		ungli	ng order numi	er.	·····			·····	
Designate Type of Completion	- (X)	Oil Well	G 	as Wel	 	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.					Total Depth			P.B.T.D.	P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				\neg	Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
erforations					·			Depth Casing Shoe				
						CELCENTER		<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
					-							
						····				······		
. TEST DATA AND REQUE	ST FOR A	LLOWAI	BLE			. <u> </u>						
IL WELL (Test must be after a	recovery of lo	al volume of		i and n	_					for full 24 hou	rs.)	
ate First New Oil Run To Tank	Date of Ten	Ľ				Producing Me	linod (<i>Flow, p</i> i	emp, gas lijt,	elC.)			
ength of Test	Tubing Pressure					Casing Pressure			Choke Size	Choke Size		
ctual Prod. During Test	Oil - Bbls.				-	Water - Bbls.			Gas- MCF			
		<u>.</u>							,			
GAS WELL	Length of Test					Bbis. Condens	ale/MMCF		Gravity of C	Gravity of Condensate		
						Casing Protes			Choke Size	Choke Size		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Circle Size			
I. OPERATOR CERTIFIC				CE				ISERV)N	
I hereby certify that the rules and regu- Division have been complied with and is true and complete to the best of my	that the inform	mation given									- • •	
	-)			Date	Approve	d				
<u> </u>	n Cax	ley/			-	_			Y JERRY SE	XTON		
Robin S. McCarley	Pro	duction A		st	-		DIST		PERVISOR			
					- 1							
Printed Name 	(91)	5) 682-63	Title 24 None No		.	Title_	. <u></u>			•		

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.