Submit 5 Copies
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

000 Rio Brazos Rd., Aziec, NM 87410						AUTHORIZ			i Me		
		TO TRA	NSPO	ORT OIL	AND NA	TURAL GA	AS Well A	API No.		- -	
perator	nergy. W.G. Inc							0-025-08836			
Clayton Williams Energy, LLG. In C					· · · · · · · · · · · · · · · · · · ·						
Six Desta Drive, Suite 3000)	Midland	d, Tex	as 7970	5	<u> </u>	1				
leason(s) for Filing (Check proper box)					X Oth	er (Phase expla	2 ijk)				
iew Well		Change in	•			in Operato		ly.			
tecompletion	Oil	님	Dry Ga		Effecti	ve 04/07/9	3.				
Change in Operator	Casinghea	d Gas 📋	Conden	sate							
change of operator give name and address of previous operator	ayton W	. William	ns, Jr	., Inc.	<u> </u>						
I. DESCRIPTION OF WELL	AND LE		IA)	<u>Sh</u>	at-Ir	<u>r</u>	l eri A	67		ease No.	
Lease Name	Well No. Pool Name, Including				State F			of Lease Bederakon/Fea	edemkor Feex		
State A AC 2		37	Eun	ice / R	rs Queen,	South			1		
Location						10	000 -		Wast		
Unit Letter K	_ : <u>19</u>	80	Feet Fr	rom The 💆	South Lin	e and	980 F	et From The.	West_	Line	
	22	c	B		265 N	N. 4 DR. 4	Le	·a		County	
Section 8 Townshi	p 22:	5	Range		36E , N	MPM,					
T DESIGNATION OF TRAN	SPORTE	R OF O	II. AN	D NATI	IRAL GAS						
I. DESIGNATION OF TRANSPORTER OF OIL AND NATU					Address (Give address to which approved copy of this form is to be sent)						
Shell Pipeline Company						Box 2648 Houston, Texas 77001					
Name of Authorized Transporter of Casin	ghead Gas	[XX]	or Dry	Gas	Address (Gi	ve address 10 w	hich approved	t copy of this f	form is to be s	ent)	
GPM Gas Corporation	-	·				vill, 0k					
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	ls gas actual	ly connected?	When	1?			
ive location of tanks.	<u> </u>	1	L	_l							
this production is commingled with that	from any of	her lease or	pool, giv	ve commin	gling order nun	nber:					
V. COMPLETION DATA								I Mus Bask	Sama Basiu	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	I LINE DECK	Same Res'v	Par Kes V	
		ipi. Ready to	Perod		Total Depth	_L	<u></u>	P.B.T.D.			
Date Spudded	Date Con	ира. Кезату К	, ; iua.								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dec	Tubing Depth		
:18Vauous (Dr., KAB, KI, OK, etc.)				-	,						
Perforations					_			Depth Casin	ng Shoe		
		TUBING,	CASI	NG ANI	CEMENT	ING RECOR	T				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
											
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE						for full 24 ho	eer)	
OIL WELL (Test must be after			of load	oil and mu	ist be equal to t	or excued top all Method (Flow, p	lowable for th	es aepin or be	jor juli 24 no	2 3.)	
Date First New Oil Run To Tank	Date of T	`c s t			Producing r	vietnosi (riow, p	nump, gas igi,	eic.j			
					Caring Pres	Casing Pressure			Choke Size		
Length of Test	Tubing Pressure				Casing Fies	Casing Flessure					
	Oil - Bbls.				Water - Bb	Water - Bbls.					
Actual Prod. During Test											
								1	· · · · · · · · · · · · · · · · · · ·	-	
GAS WELL					Dhia Cand	en mie AAI/T		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test			DOLL. COM	Bbls. Condensate/MMCF			J.2. 1.7 U. J.			
	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	I morna i	resistic (20)	a-w)								
					-			1	-,		
VI. OPERATOR CERTIFIC				NCE		OIL CO	NSER\	/ATION	DIVISI	ON	
I hereby certify that the rules and regt	lations of t	ne Oil Conse	POLITA								
Division have been complied with an is true and complete to the best of my	s that the ini Impartedae	rormation gi	AED 9004	ve		.	JUL	27 19	93		
15 true and complete to the seat of my	The sorte				Dat	te Approv	ed	ned by,			
Balano 1 7	mce-		,)				ાg Paul K	antz			
Rosen A. T	11:00	very			By.		Geolo Geolo	gist			
Signature Robin S. McCarley	Р	roduction	n Anal	yst				-			
Printed Name			Title		Titl	e					
04/12/93		(915) 6	82 - 632	24	. 11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Dete

- 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.

Telephone No.

- 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.

RECEIVED
APR 1 5 1993

OCD HOPPE CO