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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, Artenia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

I.

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
Clayton Williams Energy, Inc.								30-025-08838			
Address Six Desta Drive, Suite 3	000 M	lidland,	Texa	s 79705							
Reason(s) for Filing (Check proper box)			. 574		Oth	et (Please expl	ain)			<del></del>	
New Well		Change in	Transp	porter of:		, ,	ŕ				
Recompletion	Oil		Dry C								
Change in Operator	Casinghea	d Gas	Conde		Effectiv	e 11/01/93					
f change of operator give name					LITECTIV	<u>c 11701733</u>					
und address of previous operator  II. DESCRIPTION OF WELL	AND LE	ASE	د در درسه		<del></del> .	· · · · · · · · · · · · · · · · · · ·			<del></del>		
			<del></del>	Name, Includ	ng Formation (Pro Cas)			Kind of Lease No.		ease No.	
State A AC 2	49	1					>Federalkon>Feax				
Location		<del></del>									
Unit LetterC	. 1	980	Feet I	From The	West Lin	e and 660	0 =	et From The	North	Line	
One Leuer	? ?	)	_ 1 ca 1	TOTAL THE		5 KUU	•••••••	~ 110m 1m			
Section 8 Townsh			Range	<b>3</b> 6E	, N	мрм,	Lea			County	
III. DESIGNATION OF TRAI	NSPORTE	R OF O	IL AI	ND NATU	RAL GAS		<u>-</u>				
Name of Authorized Transporter of Oil		er Conde Energy				e address 10 wl	hich approved	copy of this f	orm is to be se	int)	
EOTT Oil Pipeline Compan	<i>)</i>	44 - 41	11 11/10	• •	P. 0. B	ox 4666	Houston	Texas 77	7210 <b>-</b> 4666		
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)						
XCEL Gas Company		, <u></u>			Six Desta Drive, Suite			5800 Midland, Texas			
If well produces oil or liquids,	Unit	Sec. Twp. I				y connected?		When ?			
give location of tanks.	لـــــــــــــــــــــــــــــــــــــ		1	_1							
f this production is commingled with that	from any oth	er lease or	pool, g	ive comming	ing order num	ber:					
IV. COMPLETION DATA										<del></del>	
Designate Type of Completion	- (20	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ni Ready (d	Prod	<del></del>	Total Depth	l	<u> </u>	P.B.T.D.	L		
Date Spooled	pr. Russy u	Ready to Prod.									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casing Shoe			
	7	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE CASING & TU				SIZE			SACKS CEMENT				
						· · · · · · · · · · · · · · · · · · ·				·	
								<u></u>			
V. TEST DATA AND REQUE											
OIL WELL (Test must be after	recovery of to	tal volume	of load	oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	et .			Producing Me	ethod (Flow, pu	emp, gas lift, e	tc.)			
								Challe Fin-			
Length of Test Tubing Pressure					Casing Press.	ng Pressure			Choke Size		
				Water Phi-			Gas- MCF				
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			17101			
C. C. TITOL I					l			1			
GAS WELL	11 a	Tam			Bbis. Conden	mis AA/CE		Gravity of C	'nadeneste		
Actual Prod. Test - MCF/D	Length of	i CEL			SOIS. CORGET	mer mimer		GIAVRY OF C	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
transment (huner) many by .)											
VI ODED ATOD CEDITER	A TTO OF	CO1 C	OT TA	NICE	\ <u></u>			<u> </u>			
VI. OPERATOR CERTIFIC				NCE	(	DIL CON	ISERV.	MOLTA	DIVISIO	N	
I hereby certify that the rules and regularized bivision have been complied with and				re.	`		. T. ADN. T.	Z 1993			
is true and complete to the best of my		_	~u =v/\	•		A	_				
0.4:					Date	Approve	a				
Kolin A mocarland					ORIGINAL SIGNED BY JERRY SEXTON						
Signature	/ UIU	wy_			By_	DIST	RICT I SUF	ERVISOR			
Robin S. McCarley	Pro	duction	Anal	yst							
Printed Name			Title		Title						
10/27/93	(9	)15) 682 Tale	-6324	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 accordan 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.