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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRA	NSF	ORT OIL	AND NA	TURAL GA	\S	BU ST			
perator	Well API No.										
Clayton Williams Energy, L	30-025-08873										
dress 🗠 Six Desta Drive, Suite 300			d. Te	xas 79705							
ason(s) for Filing (Check proper box)		1110101	<u> </u>		X Oth	x (Please expla	iin)		<u>-</u> -		
w Well		Change in	700	porter of:	_	in Operato		ly.			
ecompletics	Oil		Dry C			ve 04/07/9		•			
hange in Operator	Casinghead	l Gas 🔲	Cond	easte 🗌							
change of operator give same	layton W.	Willia	ms.	lr. Inc.							
d attrets of brevious oberses				71.01							
. DESCRIPTION OF WELL	AND LEA	SE			-	(Dan Can)	Vind.	f Lease	1.0	ase No.	
well No. Pool Name, Include tate A AC 2								ACCURATION AND THE PARTY OF THE			
State A AC 2		14	Jai	mac ransı	ii taces i	1(413					
.ocatios	60	60			orth Lin		80 Fe	et From The	East	Line	
Unit Letter	_ :	•	. reat	From The	<u> </u>	: and		et tion inc.			
Section 11 Townshi	ip 22S		Rang	e 3	6E, Nī	иРМ,	Le	a		County	
II. DESIGNATION OF TRAN	ISPORTE			ND NATU	RAL GAS			2.13			
ame of Authorized Transporter of Oil or Condensate XX					Address (Give address to which approved copy of this form is to be sent)						
nell Pipeline Company				Box 42130 Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casis XCEL Pipeline Company	of Authorized Transporter of Casinghead Gas or Dry Gas XX				Six Desta Dr., Ste 5800 Midland, Tx 79705						
If well produces oil or liquids,	l Unit	Sec.	Twp	Roe	is gas actuali		When		<u> </u>		
ive location of tanks.	, i	-				,	i			_	
this production is commingled with that	from any oth	er lease or	pool,	give comming!	ing order sum	ber:					
V. COMPLETION DATA								·	,		
Projects Time of Completion	~	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		l Boody to			Total Depth	l	<u> </u>	P.B.T.D.	<u> </u>		
Date Spudded	Date Comp	Date Compl. Ready to Prod.							E sair E sair		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	omatic	00	Top Oil/Gas	Pay		Tubing De	oth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Perforations					i			Depth Casing Shoe			
		•		٠,		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
TUBING, CASING AND					CEMENTI						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
	+				 			 			
	 				-			<u> </u>			
V. TEST DATA AND REQUE	ST FOR	LLOW	ABL	E	<u> </u>		·				
OIL WELL (Test must be after	recovery of to	stal volume	of loa	d oil and must	be equal to o	exceed top all	lowable for th	is depth or be	for full 24 hou	es.)	
Date First New Oil Run To Tank	Date of Te	st.			Producing M	ethod (Flow, p	ump, gas lift,	eic.)			
						-		Choke Size			
ength of Test Tubing Pressure					Casing Press	пс		CHURE SILA			
	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Actual Prod. During Test											
					<u>i</u>						
GAS WELL		Tort			Dhia Canda	a costa AAAAA		Gavire of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Siz	Choke Size		
same transfer (hand) and h. 4											
VI. OPERATOR CERTIFIC	CATEO	COM	DT T	NCE	1			-,			
V L OPERATOR CERTIFY I bereby certify that the rules and regr					11 .	OIL COI	-			NC	
Division have been complied with an	d that the info	rmatica gi	vea ab	ove			111	L 271	1003	4.	
is true and complete to the best of my	/ knowledge a	nd belief.			Date	e Approve	edU	[W			
01: 1 "	140 1)									
Robert S. W	Cacle	<i>Y</i> /_			∥ By_	1	Orig. Sign	led by			
Signature		/ oduction	n An-	lve+	",-		Geolog				
Robin S. McCarley Printed Name	Pro	Juuce 101	Title		Title		(ACC 10 E				
04/12/93		(91 5) 68		-	TIME	,					
Deta		Te	lephon	e No.	li .						

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.