Submit 5 Copies
Appropriate District Office
DISTRICT 1

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

DISTRICT III
1000 Rio Brazos Rd. Aztec. NM 87410

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR A	LLOWA	BLE AND	AUTH	IORIZ	'ATION				
I.					AND NA							
									Vell API No.			
Clayton Williams Energy, Address	INc.	·						30	-025-08878			
Six Desta Drive, Suite 30	000	Midland,	Texas	s 79705								
Reason(s) for Filing (Check proper box)					Oth	et (Pleas	se expla	in)				
New Well		Change in	Тпавер	orter of:	_	,	•	·				
Recompletion	Oil		Dry G	_								
Change in Operator	Casinghe	ad Gas	Conde	numbe X	Effecti	ve 11/	/01/93 					
If change of operator give name and address of previous operator									,		<u> </u>	
II. DESCRIPTION OF WELL	AND LE	ASE							٠			
Lease Name		Well No.	Pool N	iame, Includ	ing Formation	(Pro	Gas)	Kind	of Lease	Le	se No.	
State A AC 2		36	Ja	lmat Tan	sill Yates			State	Fadecal/ox/Fax	J		
Location		•										
Unit Letter M	_ : <u>66</u>	0	Feet F	rom The	South Lin	e and _	660	F	eet From The	West	Line	
Section 11 Townshi	p 22	S	Range	36E	, N	MPM,			Lea		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTI	or Conde		D NATU		in addra		ab anna	d annu of this for			
EOTT 611 Pipeline Company ENERGY CARP					Address (Give address to which approved copy of this form is to be sent) Box 42130 Houston, Texas 77242							
	of Authorized Transporter of Casinghead Gas or Dry Gas X								copy of this for	n is to be sen	t)	
XCEL Gas Company					Six Dest				Midland, T		-	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali	у соплес	ted?	When	?			
If this production is commingled with that	from any or	her lease or		ve comming	ing order sumi							
IV. COMPLETION DATA		ici iciz oi	poor, gr	AC CONTINUED	rug order mittin	oer.						
Designate Time of Completion	~~	Oil Well	1	Gas Well	New Well	Work	ver	Deepen	Plug Back S	ıme Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	• • •	pl. Ready to			Total Depth	L	1		<u> </u>		i	
Date Spanier	Date Con	ipi. Keady u	PIOUL		local Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations												
• • • • • • • • • • • • • • • • • • • •									Depth Casing S	shoe		
		TUBING,	CASI	NG AND	CEMENTI	NG RE	CORE	<u> </u>	-1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
	 								<u> </u>	-		
	 											
V. TEST DATA AND REQUES	T FOR	ALLOWA	ABLE		1				.L			
OIL WELL (Test must be after r	7		of load	oil and must						full 24 hours	:.)	
Date First New Oil Run To Tank	Date of Te	s			Producing Me	ethod (Fi	ow, pun	φ, gas lift, i	etc.)			
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.	J - Bbis.				Water - Bbls.				Gas- MCF		
0.0 77777.	<u> </u>	 _			!				<u> </u>		. "	
GAS WELL Actual Prod. Test - MCF/D	l earth of	Torr			Dhia Condon		/~€		Commission of Com	dan anta		
	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
VL OPERATOR CERTIFIC				ICE)II (ONI	CEDV	ATION D	Melo	N I	
I hereby certify that the rules and regular Division have been complied with and							,OIN.	SERV	AHOND	101310	IN.	
is true and complete to the best of my h				•	Data			NO	V 1 2 199	17		
P/3 /		,			Date	Abbı	OVEC		LEDDY CEXT	8N		
Kolun S. W	Car	ley_			By .	RIGIN	AL SIC	NED BY	JERRY SEXT			
Robin S. McCarley	Pr	oduction	Analy	yst	""	<u> </u>	DISTRI	CT 1 SUP				
Printed Name			Title		Title.							
10/27/93	(9	15) 682-	6324									

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.