	<b>*</b>										
Submit 5 Copies Appropriate District Office DISTRICT I		0.	finerals	and Nati	ew Mexico aral Resources Department			- Form C-104 Revised I-1-89 See Instructions at Bottom of Page			
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artenia, NM 88210	OIL CONSERVAT P.O. Box Santa Fe, New Mex				x 2088						
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM \$7410											
I.						AUTHORI TURAL G					
Operator								PI No.			
Clayton Williams Energy, Address	Inc.			_,,		· -	_30	-025-0887	9		
Six Desta Drive, Suite 30	00 M	idland,	Texas	79705							
Reason(s) for Filing (Check proper box) New Well		Change in	Transmo	lar of:	Ouh	et (Please exp	ain)				
	Oil		Dry Gas								
Change is Operator	Casinghea	d Gas	Condens	ate X	Effectiv	e 11/01/93					
and address of previous operator			<u> </u>				<u></u>				
II. DESCRIPTION OF WELL	AND LE	ASE Well No.	Pool Na	me. Includi	ne Formation	(Pro Gas)	Kind	f Lease		tase No.	
State A AC 2		42			ill Yates	• •		Featris ar Fe			
Location	10	20							Maak		
Unit LetterE	_ :198	30	Feet Fro	m The	North Lin	e and	560 Fe	et From The .	West	Line	
Section 11 Townshi	<b>p</b> 225	5	Range	368	E , N	MPM,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE	B OF O	IL AND	NATU						<u> </u>	
Name of Authorized Transporter of Oil EOTT Oil Pipeline Company		Linergy-	pelin	<u>el</u> P		e address to w	••			ent)	
EOTT Oil Pipeline Company Crifted Vord 404						P. 0. Box 4666 Houston, Texas 77210-4666 Address (Give address to which approved copy of this form is to be sent)					
XCEL Gas Company If well produces oil or liquids, give location of tanks.	Unit	Six Desta Drive, S        Unit      Sec.      Twp.      Rge.      Is gas actually connected?					uite 5800 Midland, Texas 79705				
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, give	comming	ling order sum	ber:					
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	I	4	P.B.T.D.	L	_1	
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Dep	th		
Perforations									Depth Casing Shoe		
	TUBING, CASING AND							SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET							
	· · ·										
V. TEST DATA AND REQUES OIL WELL (Test must be after r				il and must	he equal to a	exceed top all	avable for thi	, denth or be	for full 24 hou	<b>75.</b> )	
Date First New Oil Rua To Tank	Date of Te	· · · · ·	.,			ethod (Flow, p				<u></u>	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
				• •			Cre Mar	Gas- MCF			
Actual Prod. During Test	Oil - Bols.			Water - Bbis.							
GAS WELL	-L				ι <u>, , μ</u>			· · · · · · ·			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shuz-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	ations of the that the info	Oil Conser rmstion giv	valion	CE			NOV	ation 1219	DIVISIC 193	DN	
			ノ			ORIGINA	. SIGNED B	Y JERRY S	EXTON		
Kolen A. Y. Signature	6				ВУ-	Di	STRICT I SL	IPERVISOR	ł	······································	
Signature Robin S. McCarley Printed Name	6	oduction		<u>st</u>		Di					
Signature Robin S. McCarley	4 Pro	015) 682	Analys Title			Di					

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordan with Rule 111.

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- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  Separate Form C-104 must be filed for each pool in multiply completed wells.