5 mit 5 Copies
propriate District Office
ISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Dep.

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 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I	7	OTRA	NSP	ORT OI	L AND NA	TURAL G	ias				
Operator								Well API No.			
Clayton Williams Energy					30-025-23507	-025-23507					
Address					_						
Six Desta Drive, Suite	3000	Midland	, Tex	as 79705							
Reason(s) for Filing (Check proper box)		~ :-	T			er (Please exp	lain)				
New Well	Oil	Change in	Dry Ga		Effect	tive 11/01	/93				
Recompletion	Casinghead	_	Conden								
If change of operator give name	Canighan	<u> </u>	COLOGE								
and address of previous operator					·						
II. DESCRIPTION OF WELL	AND LEA	SE 7	1	Ĺx.	1211.89	4-1-9	£	•			
Lease Name		· · · · · · · · · · · · · · · · · · ·			of Lesse	of Lease No.					
State A AC 2	1	61	Eunic	e 7 Rvr	s Queen, S	South	State,	Federal on Per			
Location									<u> </u>		
Unit Letter	. 19	80	Feet Fn	om The	South Lin	eand 17	80 F	eet From The	East:	Line	
							•				
Section 8 Townshi	p 22S		Range	36E	, N	MPM,	Le	3		Соилту	
III. DESIGNATION OF TRAN	SPORTE	LOF O	LAN	<u>D NATU</u>					 		
Name of Authorized Transporter of Oil	XX	of Colors	pe	lina LP			hich approved	l copy of this form	is to be sen	1)	
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						P. 0. Box 4666 Houston, Texas 77210-4666					
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
GPM Gas Corporation If well produces oil or liquids,	Poe	ls gas actuall	7	· · · · · · · · · · · · · · · · · · ·							
give location of tanks.	Undit :	Sec.	Twp.	1 1000	255 54440	y comicati:	1				
If this production is commingled with that	from any othe	r lease or	pool, giv	e comming	ing order numi	ber:					
IV. COMPLETION DATA	•									·	
		Oil Well		ias Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Resiv	
Designate Type of Completion	- (X)	İ	Ĺ		<u>L</u>	į	İ	i i			
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth			P.B.T.D.			
								<u> </u>			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Paly		Tubing Depth	Tubing Depth		
Perforations					<u> </u>		·				
renormous								Depth Casing Si	юе		
		IDDIC	CASD	IC AND	CENCENTE	IC PECOP	<u> </u>	<u> </u>			
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE					CEMENTI	DEPTH SET		SAC	KS CEME	NIT	
HOLE SIZE	CASING & TUBING SIZE				DEF IN SET			340	CHOICE CEMENT		
	<u> </u>										
	 	·								···	
			- /		1						
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after r	ecovery of lot	al volume o	of load o	il and must					ull 24 hours	.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
					0			Choke Size			
Length of Test	Tubing Press	Tubing Pressure				Casing Pressure					
And David David Total					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Boil						
	<u> </u>				<u> </u>			1			
GAS WELL					(5) C	40/05		10-2			
Actual Prod. Test - MCF/D	Length of To	est			Bbis. Conden	elle/MMCr		Gravity of Cond	enate		
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
W ODER ATOR CERTIFIC	ATTE OF		T T A D Y	<u></u>	\r			<u> </u>			
VI. OPERATOR CERTIFIC				CE	\parallel	DIL CON	ISERV	ATION DI	VISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1	 .					
is true and complete to the best of my l					Doto	Anarous	4 بیمبر ام	o. 4003			
0 /:	4				Dale	Approve	~ MOA-7	. & 1333			
Kolun S. M.	Carle	4			D	~ =1	CINIAL CIC	NED BY JERR	Y SEXTA	Ñ	
Signature Robin S McCanley			A = - 3		By_	ORI	DICTON	CT I SUPERVIS	OR		
Robin S. McCarley Printed Name	Prød	luction	Analy:	S T							
10/26/93	(91	5) 682-			Title			هو يندي و ريو ديونج	والمجتمية والمعدودة والم		
Date			bone N	0.	[] -						

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.