Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 198u, 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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				,			Well A	API No.			
Clayton Williams Energy, 4	+07.	1C-		•			3	0-025-2828	1 V		
Address Address					····						
Six Desta Drive, Suite 300	00	Midlar	nd. T	exas 79705	5						
Reason(s) for Filing (Check proper box)						et (Please expla	zin)				
New Weil		Change is	אםר. נ	porter of:	Change	in Operato	r Name on	1v.			
Recompletion	Oil		Dry			ve 04/07/9		.,,,			
Change in Operator	Caringhea	d Gas		den mate							
I change of operator give name										r	
and address of previous operator	layton W.	. Willia	ms,	Jr., inc.							
I. DESCRIPTION OF WELL	ANDIE	A CE									
Lease Name	ALVE EE	Well No.	Pool	Name Include	ng Formation (Pro Gas) Kind			of Lease No.			
State A AC 2	72	1		11 Yates 7 Rvrs			ne, FidebitXX Fick				
			1 30	Illiac Talis	11 10003	7 (()/3			_1		
Location	4.1	.10				11.1	.0 -		Wost		
Unit LetterK	_ :14	+10	_ Feat	From The S	outn Lin	e and144	Fe Fe	et From The	West	Line	
- · · · · · · · · · · · · · · · · · · ·			_				م ا	_		County	
Section 9 Townsh	ip 225	<u> </u>	Rang	ge :	36E N	MPM,	Le	a		County	
	ICBARTIN	D OE O		NID NIATEL	DAT CAC						
III. DESIGNATION OF TRAI	NSPORTE	or Coade		ND NATU		a address to w	hich comme	com of this for	m is to be s	ent)	
Name of Authorized Transporter of Oil		or Conde	O PAGE	XX	Address (Give address to which approved copy of this form is to be sent)						
Texas New Mexico Pipeline					Box 42			xas 77242	_ is as b s a	4)	
Name of Authorized Transporter of Casi	or D	ry Gas XX				copy of this form is to be sent)					
XCEL Pipeline Company	 ,				Six Desta Dr., Ste 5800			Midland, Texas 79705			
If well produces oil or liquids,	Unit	Sec.	Lab	. Rge.	is gas actual	y connected?	When	1.7			
give location of tanks.		L	<u> </u>	l							
If this production is commingled with that	from any oth	er lease or	pool,	give comming	ling order num	ber:					
IV. COMPLETION DATA					·	·		, ,			
Dutana Tana & Completion	. ~	Oil Wel	u I	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					Total Dock		<u> </u>	 		L	
Date Spudded	Date Com	pi. Ready (o Prod	L	Total Depth			P.B.T.D.			
					T 6976						
Elevations (DF, RKB, RT, GR, etc.)	roducing F	omati	100	Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing	Shoe		
					,						
	1	TUBING	, CA	SING AND	CEMENTI	NG RECOR	D D				
HOLE SIZE	CA	SING & T	UBING	G SIZE	DEPTH SET			S	SACKS CEMENT		
							* .				
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E	·····						
OIL WELL (Test must be after	recovery of to	otal volum	e of loc	ad oil and mus	be equal to or	exceed top all	owable for the	is depth or be fo	r full 24 hou	os.)	
Date First New Oil Run To Tank	Date of Te		-,			lethod (Flow, pr					
Des The Two On Mar 19 ;	0. 10	-									
Length of Test	Tubing Pro				Casing Press	ure		Choke Size			
Design of 14th	1 doing 1 to										
Armyl Bred During Test	Oil - Bbls.	T. Dit.				Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Ou - Bots.	•									
					<u> </u>			1			
GAS WELL											
Actual Prod. Test - MCF/D	al Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pr	seame (2p	ut-m)		Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	CATEO	E COM	DI L	ANCE							
						OIL. COI	NSERV	ATION [DIVISK	NC NC	
I hereby certify that the rules and reg Division have been complied with an	d that the info	venetion of	wea ah	nve	il					•	
is true and complete to the best of my	r knowledge a	and belief.			D-4			27 1993			
					Date	a Abblone	2 0 ——	27 1993			
Robin S.	mer-	11.	/		II						
	McCa	rlly	<u>/</u>		∥ By_		Orig. Si	gned by Kautz			
Signature Robin S. McCarley	Pro	oductio	n Ana	alvst			Paul	Kautz log ist			
Printed Name			Titl		Title		(Geo	IAR man			
04/12/93		(915) 6	82-63	324							
Date			lephos		11						
					11						

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.
- All sections of this form must be filled out for allowable of new and recompleted word.
 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.

APR 1 5 1993