Submit & Coming		State of New Mexico							Form C-104		
Submit 5 Copies Appropriate District Office DISTRICT I	1	Energy, M	fineral	s and Nat	ural Resour	ces Departm	ent		Revised See Inst	1-1-89 tructions	
P.O. Box 1980, Hobbs, NM 88240	(	OILC	ONS	SERVA	TION )	DIVISIC	N		PL ROLL	m of Page	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		Sau	nta Fe	• • • • • •	ox 2088 exico 875	04-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410											
I.						AUTHORI TURAL G					
Operator		_					Well	PI No.		<u> </u>	
Clayton Williams Energy, 🛓	<del>.t.c.</del> ]	nc.				· · · · · · · · · ·	3	0-025-092	33 🗸	· <u></u> ,	
Six Desta Drive, Suite 300	0 Mi	dland, T	exas	79705				<u></u>			
Reason(s) for Filing (Check proper boz)		Change in	. 75500	rter of:		et (Please expl					
Recompletion	Oil		Dry Ga			in Operato ve 04/07/3		ly.			
Change in Operator	Casinghea		Condea								
and address of previous operator	yton W.		, Jr.	, Inc.	····						
II. DESCRIPTION OF WELL	AND LE	·	Pool N	ame Includi	ne Formation	(Pro Gas	) Kind	of Lease	T	ease No.	
State A AC 1						11 Yates 7 Rvrs			_		
Location											
Unit Letter N	:	660	Feet Fr	om The	South_Lin	e and	1980 F	et From The	West	tLine !	
Section 3 Township	, 23	S	Range		36E , N	MPM,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE	<u>R OF OI</u>	LAN	D NATU	RAL GAS						
Name of Authonzed Transporter of Oil or Condensate XX Address (Give address to which approve									form is to be se	ent)	
	Texas New Mexico Pipeline Co. me of Authonzed Transporter of Casinghead Gas or Dry Gas					Box 42130 Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)					
Xcel Gas Company					6 Desta Dr., Suite 5700			Midland,	Texas 797		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge. 	is gas actual	y connected?	When	?			
If this production is commingled with that f	rom any oth	er lease or ;	pool, giv	e comming	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	<u> </u>	Í				1				
Date Spudded	Date Compl. Ready to Prod.				Total 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				· · · · · · · · · · · · · · · · · · ·	
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE		SING & TU				DEPTH SET			SACKS CEM	ENT	
· · · · · · · · · · · · · · · · · · ·			<u> </u>								
								•			
V. TEST DATA AND REQUES	T FOR A	TIOWA			:			· · · · · · · · · · · · · · · · · · ·			
OIL WELL (Test must be after re				and must	be equal to or	exceed top all	owable for thi	t depth of be	for full 24 hou	rs.) .	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF		
									· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	
GAS WELL Actual Prod. Test - MCF/D	Length of '	lest			Rhis Conder	Inter MMCF		Gravity of C	ondensate		
					Bbls. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shuz-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE							
I bereby certify that the rules and regulations of the Oil Conservation											
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Date Approved					
Rolin S. McCarley						Urig. Signed by					
Signature					By <u>Paul Kautz</u> Geologist						
Robin S. McCarley Production Analyst Printed Name Title							660	10R ID R			
04/01/93	(91	<u>5) 682-6</u>	324		Title	<u> </u>					
Dute		ioleį	phone N	0.	]						
INSTRUCTIONS: This form	n is to be	filed in co	mplia	nce with I	Rule 1104						

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

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.

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