Submit 5 Copies Appropriate District Office DISTRICTION	State of New Mexico Energy, Minerals and Natural Resources Department						Form C-104 Revised 1-1-89 See Instructions at Bottom of Page			
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088							at potom	of rage	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST	-								
I.				AND NA	-	AS				
Operator Clayton Williams Energy, H	Http: The						Well API No. 30-025-09238			
Address							30 025 05230 [/			
Six Desta Drive, Suite 300 Reason(s) for Filing (Check proper box)	0 Midland	l, Texas 7	9705	X Oth	er (Please exp				······	
New Well	Chan Oil Casinghead Gas	ge in . nspo Dry Gai		Change i		or name on	ly.			
If change of operator give name and address of previous operator Clayton W. Williams, Jr., Inc.										
II. DESCRIPTION OF WELL	AND LEASE					····				
Lease Name State A AC 1	Well No. Pool Name, Include						of Lease Tederakar/Pea			
Unit Letter _ I +	:990	Feet Fm	om TheE	last Lin	and16	50 Fe	et From The	_South	Line	
Section 3 Township	p 235	Range	365	., N	ИРМ,		Lea		County	
III. DESIGNATION OF TRAN	SPOPTED OF		NIA TTI							
Name of Authorized Transporter of Oil		adensale			e address Io w	hich approved	copy of this for	m is to be sent)	
Name of Authorized Transporter of Casing	thead Gas		Gas XX	Address (City					· · · · · · · · · · · · · · · · · · ·	
Xcel Gas Company)r., Suite	••	copy of this for Midland, 1	m is io de sen i, Texas_7970:		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	is gas actually	connected?	When	?			
If this production is commingled with that i	from any other leas	e or pool, give	e comming	ing order numb	er:	i				
IV. COMPLETION DATA	lou	Well G	as Weil	N					-	
Designate Type of Completion		weii G	as well	New Well	Workover	Deepen	Plug Back	same Kesv	Diff Resiv	
Date Spudded	Date Compl. Rea	dy to Prod.		Total Depth			P.B.T.D.		<u> </u>	
Elevauons (DF, RKB, RT, GR, etc.)	Name of Producar	ig Formation		Top Oil/Gas Pay Tubing				Depth		
Perforations	· · · · · · · · · · · · · · · · · · ·						Depth Casing	Shoe		
	1			CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				•			+	· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUES	T FOR ALLC	WABLE								
OIL WELL (Test must be after re	ecovery of total vol		il and must					r full 24 hours)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, e			(2.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m.)		Casing Pressu	re (Shut-in)	··· · · · · · · · · · · · · · · · · ·	Choke Size			
				 }			<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby 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.				OIL CONSERVATION DIVISION						
Rotein A. T	Mcarb	1	<u> </u>	By_			Signed by			
Signature Robin S. McCarley Primed Name	Product	on Analys Title	st	Paul Kautz Geologist						
04/01/93 Dete	(915) 68).	Title.						

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.

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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