Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Erawer DD, Artenia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I. Operator Clayton Williams Energy, L Address C Six Desta Drive, Suite 300 Reason(a) for Filing (Check proper box) New Well Recompletion Change in Operator give name and address of operator give name and address of operator give name and address of operator give name	REQU	DIL C Sar EST FC TO TRAI	exas	Serva P.O. Bo New Ma LOWAE DRT OIL	XION I bx 2088 exico 875(BLE AND A AND NA	es Departm DIVISIO)4-2088 AUTHORI TURAL GA er (Please explain in Operator ve 04/07/33	N ZATION AS Well /	API No. 30-025-09	at Botto		
II. DESCRIPTION OF WELL	AND LEA	SE									
					ng Formation (Pro Gas) Kind of Lease ill Yates 7 Rvrs State, Header Work Werk					ase No.	
Location											
Unit LetterF	_ :1	980	Feet Fr	om The	lorth Lip	e and198	<u>0</u> Fe	et From The	West	Line	
Section 4 Townshi	p 23	<u>s</u>	Range	36	E, N	MPM,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L ANI	D NATU	RAL GAS						
Name of Authonzed Transporter of Oil		or Condens	ate	XXX		e address to wh	uch approved	copy of this f	form is to be se	nt)	
Texas New Mexico Pipelin Name of Authonzed Transporter of Casing	Texas New Mexico Pipeline or Dry Gas					Box 42130 Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent)					
Xcel Gas Company						Dr., Suite	••		Texas 797		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuall	y connected?	When	?			
If this production is commingled with that i	from any othe	er lease or p	ool, giv	e commingli	ing order num	ber:	I				
IV. COMPLETION DATA		lou wa							<u>.</u>		
Designate Type of Completion	- (X)	Oil Well		as Well	New Well 	Workover	Deepen	Plug Back 	Same Res v	Diff Res'v	
Date Spudded	Date Comp	I. Ready to	Prod.		Total Depth	L	4 <u>_</u>	P.B.T.D.	A	- -	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay Tubing Depth						
Perforations											
- renormations				•				'Depth Casin	ig Shoe		
	TUBING, CASING AND				CEMENT	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
								• • • •		·····	
	 _		<u> </u>					<u>.</u>			
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		f load o			exceed top allo sthod (Flow, pu			for full 24 hour	(2)	
							,				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
			•								
GAS WELL Actual Prod. Test - MCF/D	Length of T	est			Bbis. Conden	sale/MMCF		Gravity of C	Condennate		
								Choke Size			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in) Choke				542		
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. <u> <u> <u> </u> </u></u>					OIL CONSERVATION DIVISION OIL 2 7 1995 Date Approved Orig. Signed by By Orig. Signed by Geologist Title						
04/01/93 Date	(915	5) 682-63 Telep	324 bobs No	0.							
INSTRUCTIONS: This form						_					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
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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.