Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, 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, Artenia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	ANSP	ORT OIL	AND N	ATURAL G	AS				
Operator							Well	Well API No.			
Clayton Williams Energy, b	لمه کیجیان	Lre					3	0-025-092	56 v		
Address			_								
Six Desta Drive, Suite 300 Reason(s) for Filing (Check proper box)	O Mi	dland,	Texas	79705							
New Weil		Change is	Transov	order of:	_	ther (Pleas: expl					
Recompletion	Oil		Dry G	~~		in Operaco		ly.			
Change in Operator	Casinghea	nd Gas	Conde	_	Errect	ive 04/07/9	3				
If change of operator give name											
and address of previous operatorCla	yton W.	William	s, jr.	, inc.						-	
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No. Pool Name, Including				ng Formatio	(Pro Gas)		of Lease	_	Lease No.	
State A AC 1	23 Jalmat Tansi				ill Yate	s 7 Rvrs	State	, tradem karaffe	ě		
Location											
Unit Letter B	_ :	660	_ Feet Fi	rom The	North L	ine and231	0F	eet From The	_East	Line	
			_								
Section 4 Township	Ρ	235	Range		36E ,1	NMPM,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. AN	D NATI	RAL GAS	2					
Name of Authorized Transporter of Oil		or Conde				ive address to w	hich approve	d copy of this f	orm is to be si	ent)	
Texas New Mexico Pipeline Co.						Box 42130 Houston, Texas 77242					
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX											
Xcel Gas Company	1 Gas Company .					6 Desta Dr., Suite 5700 Midland, Texas 79705					
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actua	ally connected?	When	1?			
		L	<u> </u>		1						
If this production is commingled with that I IV. COMPLETION DATA	from any oth	er lease or	pool, giv	ve commingi	ing order nur	mber:					
IV. COMPLETION DATA		Oil Wel		Gas Well	1		·	1 2 2 .	1	_ <u></u>	
Designate Type of Completion	- (X)	JOII MET	' '	Car Mell	New Wel	II Workover	Deepen	Plug Back	Same Res v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.				Total Depth	 h	l	P.B.T.D.	1		
·		,						1.5.(.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	omation		Top Oil/Ga	s Pay		Tubing Dep	th		
					I 						
Perforations				,				Depth Casin	g Shoe		
		- : - · · ·	0.0				_				
LOUE OTE	TUBING, CASING AND				CEMENT		D .				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
					•						
	+				·				.		
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		-						
OIL WELL Test must be after re	ecovery of to	stal volume	of load	oil and must	be equal to	or exceed top allo	owable for th	s depth or be	for full 24 hou	rs) .	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
	<u> </u>										
ength of Test Tubing Pressure					Casing Pressure Choke Si						
Actual Prod. During Test	Oil - Bbis.				Water - Bbl	ls		Gas- MCF			
	On - Bois.					· ·					
GAS WELL	<u>.</u>				• • • • • • • • • • • • • • • • • • • •						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	ensate/MMCF		Gravity of C	ondensate		
									~~~~		
Sesting Method (pitot, back pr.) Tubing Pressure (Shut-m)					Casing Pres	iaure (Shut-ia)		Choke Size	<del></del>		
								İ			
VI. OPERATOR CERTIFIC	ATE OF	COME	TIAN	ICE							
I hereby certify that the rules and regula				.02	<u></u>	OIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above							.11	IL 271	993		
is true and complete to the best of my k	nowledge at	nd belief.			Dat	e Approve					
PIN	10000	, 6				• •		1.			
- MONOTO S. MY Cacley					By Crig. Signed by Poul Kautz						
Signature Robin S. McCarley Production Analyst					Geologist						
Printed Name			Title		Title	2	C COTO	,			
04/01/93	(91	5) 682-			11116	<del></del>					
Date		Tele	phone N	О.							

## 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.

RECEIVED

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