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Appropriate District Office
PISTRICT 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

DISTRICT II P.O. Drawer DD, Artenia, NM 88210

OIL CONSERVATION DIVISION

DISTRICT III

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 87410	BEO	LIEST E			DI E AND	AUTHORI	ZATION				
I.	TIE G										
Operator	TO TRANSPORT OIL				Well API No.						
Clayton Williams Energy, k	Lac Inc				30-025-09257						
Address				_	.,						
Six Desta Drive, Suite 300 Reason(s) for Filing (Check proper box)	00 M	idland,	Texas	79705]				
New Well		Change is	Tono	adi	X Out	et (Please expl	2U1)				
Recompletion	Oil		•	_		in Operaco		ly.			
Change in Operator Casinghead Gas Condensate						Effective 04/07/93					
If change of operator give name and address of previous operator Cla	yton W.	William	s. Jr.	. Inc.				\-			
II. DESCRIPTION OF WELL				_	, ا					·	
Lease Name	Well No. Pool Name, including				tine Francisco	- 1-7	Vind	of I asso	of Lease No.		
State A AC 1		42	1		ttix 7 Rvr	s Queen (Ctata	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ME NO.	
Location		<u> </u>							 		
Unit LetterA	_ :	660	_ Feat Fr	om The _	North Lin	e and66	60 F	eet From The	East	Line	
Section 4 Township	Township 23S Range				26E NR4PA4			امما	lea c .		
Section T TOWNERS	<u> </u>	233	Range		36E , N I	MPM,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE			D NATU							
Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved c								copy of this f	form is to be se	int)	
Texas New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Box 42130 Houston, Texas 77242						
Xcel Gas Company.	prest Cas	XX	or Dry	G81	Address (Give address to which approved copy of this form is to be sent)						
if well produces oil or liquids,				6 Desta Dr., Suite 5700 Is gas actually connected? When			Midland, Texas 79705				
give location of tanks.	<u>i</u>	<u>i</u>	i	1		,		•			
If this production is commingled with that i	from azy od	her lease or	pool, giv	.е сопшлити	ling order numi	ber:					
IV. COMPLETION DATA					_,						
Designate Type of Completion	- (X)	Oil Well	\	Gas Weil	New Well	Workover 	Deepen	Plug Back	Same Resiv	Diff Resiv	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.	1	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of E				Top Oil/Gas	Dav					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					TOP OIL CLES	,			: Tubing: Depth		
Perforations		Depth Casing Shoe									
			<u> </u>								
401 E 817E	TUBING, CASING AND				CEMENTI		D .	0.000.050.505			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
							· · · · · ·	•			
	<u> </u>				:						
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re Dute First New Oil Run To Tank			of load o	od and mus					for full 24 how	·s.)	
	Date of Test Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
•	J. 340										
GAS WELL								-			
Actual Prod. Test - MCF/D	Langth of Test				Bbls. Conden	mu/MMCF		Gravity of C	onden mie		
string Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	Casing Pressure (Shut-in)			Choke Size		
VL OPERATOR CERTIFICA	ATE OF	COMB	TIAN	CE	<u> </u>			1			
I hereby certify that the rules and regula				CE	∥ (DIL CON	SERV	ATION I	DIVISIO)N	
Division have been complied with and that the information given above						٠					
is true and complete to the best of my in	nowledge a	nd belief.			Date	Approved	d t	AUG 06	<u>19</u> 93		
Robin 1 2	NCP-										
Signature					By_	By Orig. Signe					
Robin S. McCarley Production Analyst					By Orig. Signe Paul Kautz Geologist						
Printed Name			Title		Title		(36 010	Rior		=	
04/01/93 Date	(91	5) 682-6 Taba	324 phone No								
		1		•	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
- 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED
APR 1 5 1993
CCD HOSTO