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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

1000 Rio Brazos Rd., Azzec, NM 8741	HEQU					AUTHORI TURAL G					
Operator		Well API No.									
Clayton Williams Energy	, Later	Lnc					30-	025-09281			
Address ·											
Six Desta Drive, Suite 3		dland,	Texas	79705							
Reason(s) for Filing (Check proper box	x)		-		<u>X</u> Od	her (Please expl	(IIII)				
New Weil	0.1	Change in				in Operato		ly.			
Recompletion	Oil Caringha	id Gas	Dry C		Effecti	ve 04/07/3	03				
Change in Operator	Cangra		Codo							1	
nd address of previous operator	Clayton W.	William	s, Jr	., Inc.							
I. DESCRIPTION OF WEL	I. AND LE	ASE.									
Lease Name Well No. Pool Name, Include								nd of Lease No.			
State A AC 1		14	Ja	lmat Tan	sill Yates	s 7 Rvrs	State	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	·		
Location											
Unit LetterE	:	980	_ Feet !	From The _	North Li	ne and	60 F	eet From The	West	Line	
Section 9 Town	nship	235	Range	•	36E , N	МРМ,		Lea		County	
II. DESIGNATION OF TRA	A NCDADTE	ים חד	TI 4'	יד אוא חוע	IDAT CAS	!					
Name of Authorized Transporter of Oi		or Condex			Address (G	ve address to w	nich approved	copy of this fo	orm is to be s	ens)	
Texas New Mexico Pipe	نــــا			XX	Box 4213		ston, Texa				
Name of Authorized Transporter of Ca			or Dr	y Gas XX	Address (Give address to which approved copy of this form is to be sent)					ens)	
Xcel Gas Company					6 Desta Dr., Suite 5700			Midland, Texas 79705			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge		lly connected?	When	?			
pve location of tanks.		<u> </u>	<u> </u>				1				
f this production is commingled with the COMPLETION DATA	hat from any ot	ner lease or	pool, g	ive communi	gling order num	nber:					
Designate Type of Completi	m - (Y)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Res v	
Designate Type of Completic		pi. Ready to			Total Depth			P.B.T.D.	l		
Date Spudded	Date Com	pi. Keady u) FIOU.		ion sepa			P.B. I.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	roducing F	omauo	OG.	Top Oil/Gas	i Pay		Tubing Dept	ih		
Perforations	<u> </u>					-		Depth Casin	g Shoe		
		·			· .			<u>.</u>			
TUBING, CASING ANI								SACKS CEMENT			
HOLE SIZE CASING & TUBING SIZE				SIZE	DEPTH SET			SACKS CEMENT			
							 				
											
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLI	Ξ							
OIL WELL (Test must be aft	er recovery of I	otal volume	of load	d oil and mus	n be equal to o	or exceed top all	lowable for th	is depit or be	for full 24 hou	<u> </u>	
Date First New Oil Run To Tank	Date of To					Method (Flow, p					
Length of Test	Tubing Pr	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			Bbls. Conde	nsale/MMCF		Gravity of C	onden sate		
Parameter 100 100 months											
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	TCATE O	COM) I A	NCF	1			<u> </u>			
VI. UPERMIUN CERTIF Thereby certify that the stiles and st	solutions of the	Oil Conse	Marion Marion	.,02		OIL CO	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					Date Approved			0 7 1003			
is true and complete to the best of t	my knowledge	and belief.			Dat	e Approve	^{∭,}	2/19	ブ J		
01.		ı									
Kolen D.	MCO.	Must.			By_		Orig. S	Signed by Kautz			
Signature	. /	du 4 :	۸	vc+	by_			logist			
Robin S. McCarley Printed Name	Pr	oduétion	Anal	yst		_	Ģa	/105 m/d			
04/01/93	19	15) 682 -			Title	<i></i>					
Date			enhone	No.	Ш						

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.