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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. LINC Clayton Williams Energy, L.L.C. 30-025-09285 Address Six Desta Drive, Suite 3000 Midland, Texas 79705 Reason(s) for Filing (Check proper box) Other (Please explain) $\overline{\mathbf{X}}$ New Well Change in Transporter of: Change in Opera or name only. Recompletion Oil Dry Gas Effective 04/07/93 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Clayton W. Williams, Jr., Inc IN Shut II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease State, Wederk Kor Wes Lease No. State A AC 1 41 | Langlie Mattix 7 Rvrs Queen Location 660 Feet From The North Line and 660 Feet From The Unit Letter Township 235 Range 36E . NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate XX Texas New Mexico Pipeline Box 42130 Houston, Texas 77242 Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) Xcel_Gas Company 6 Desta Dr., Suite 5700 Midland, Texas 79705 If well produces oil or liquids, Twp. Unit Sec Rge. Is gas actually connected? When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Weli Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Resv Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations-(DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Choke Size **Tubing Pressure** Casing Pressure Actual Prod. During Test Gas- MCF Water - Bbis Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-m) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUL 27 1993 is true and complete to the best of my knowledge and belief. Date Approved Carle of a Signed by By_ Signature Robin S. McCarle Production Analyst Printed Name Title Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

04/01/93

- 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.

(915) 682-6324

Telephone No.

- 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.