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, Anenia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azžec, NM 8/4	HEQU						AUTHOR					
Operator			1131	Orri	OIL.	AND NA	TOTAL		API No.		/	
Clayton Williams Energy	, butiling	.FK_							30 - 025-09	288		
Address												
Six Desta Drive, Suite		dland, T	exas	/9/0	5	X Ou	net (Please exp	lain)				
Reason(s) for Filing (Check proper bo New Well	(X)	Change in	- ኔ. ንግመ	porter of	f:		·		1			
Recompletion	Oil		Dry G				in Operato		ıy.			
Change in Operator	Camphe	d Gas 📃	Conde	en sa te								
f change of operator give name	Clayton W.	Williams	lr	. In	c.							
				<u>,, </u>	<u> </u>	1 -						
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Include						ine Formation (Pro Cas) K			of Lease	1 1	ease No.	
Lease Name State A AC 1					ill Yates 7 Rvrs Stat				Frederick Profession Control of the			
Location	· ····································	!										
Unit Letter M	•	660	Feet F	From Th	s S	outh լյ	se and	660 F	eet From The	West	Line	
<u> </u>												
Section 9 Tow	nship 2	35	Range	e	3	6E , N	IMPM,		Lea		County	
III. DESIGNATION OF TR	ANCRODE	D OF O	FT A.B	AID N	A 1919 II	DAT CAS						
Name of Authorized Transporter of O	ANSPORTE	or Conden			X I U	Address (Gi	ve address to w	hich approved	copy of this	form is to be s	eni)	
Texas New Mexico Pipeli				XX		Box 42130 Houston, Texas 77242						
Name of Authorized Transporter of Casinghead Gas or Dry Gas					XXX							
Xcel Cas Company			_,				Dr., Suite					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	į	Rge.	i le gae actual !	ly connected?	When	1 ?			
f this production is commingled with	that from any ctl	er lease or	nool 0	ive con	mingl	ing order num	nber					
V. COMPLETION DATA	una nom any ou	at loss of	μω., ₈	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	#.m.#.							
		Oil Well		Gas W	eli	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Resiv	
Designate Type of Complete						1		1	<u>l</u>	1		
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of F	roducing Fo	omatio	×0.		Top Oil/Gas	Pay		Tubing De	pth		
						Depth Casing Shoe						
Perforations					٠.				Depth Casi	ng Sno€		
		TUBING,	CAS	ING A	AND	CEMENT	ING RECO	RD				
HOLE SIZE CASING & TUBING SIZE						DEPTH SET SACKS CEMENT						
												
						···				<u> </u>		
						-						
V. TEST DATA AND REQU	UEST FOR	LLOW	ABLE	E		·						
OIL WELL (Test must be af	ter recovery of t	otal volume	of load	d oil and	i musi					for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Te	S				Producing M	lethod (Flow, p	ouemp, gas lift.	eic.)			
Length of Test	Tubing De					Casing Press	Bure		Choke Size	<u> </u>		
Denigni or 14m	gth of Test Tubing Pressure											
Actual Prod. During Test	il Prod. During Test Oil - Bbis.					Water - Bbla	<u>. </u>		Gas- MCF			
						1			·			
GAS WELL		_										
ctual Prod. Test - MCF/D Length of Test						Bbls. Conde	mate/MMCF		Gravity of Condensate			
	Tubing Pressure (Shuz-m)				Casina De-	aure (Shut-in)		Choke Size				
Testing Method (pitot, back pr.)	Tuoing Pr	erante (2078	·-m)			Casing Fresh	mate (Stick-111)			-		
VI. OPERATOR CERTIL	TO ATTE OF	COM	T 1 A	NCE		1[<u> </u>			
							OIL CO	NSERV	ATION	DIVISI	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						MIL 27 1987						
is true and complete to the best of						Date	e Approve	ed				
Plin	mara.	1.							Sign=			
MOUNT XI	79 Car	lef			_	By_		Orig.	l Kautz			
Signature Robin S. McCarley	Pro	oduction	Anal	lyst				Ge	ologist			
Printed Name			Title			Title	·	·				
04/01/93	(9	5) 682-	6324	No								

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.