Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

LL API NO.

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	980, Hobbs, NM 88240 P.O. Box 2088			WELL API NO. 30-025-09296	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lea		
SUNDRY NO (DO NOT USE THIS FORM FOR PI DIFFERENT RES (FORM	7. Lease Name or Unit Agreement Name				
1. Type of Well: OIL GAS WELL X WELL	OTHER		State A AC 1		
2. Name of Operator			8. Well No.	86	
Clayton Williams Energy, 3. Address of Operator	Inc.		9. Pool name or Wildo	at	
Six Desta Drive, Suite 30	000 Midland, Texas 797	705	Langlie Matti>	c 7 Rvrs Queen GB	
4. Well Location	1980 Feet From The North	Line and1	1980 Feet From The	e West Line	
Section 10	Township 235	Range 36E	NMPM Le	ea County	
Section Section	10. Elevation (Show w	vhether DF, RKB, RT, GR, etc.)			
	//////	3460' GL	Penart or Other D	//////////////////////////////////////	
	k Appropriate Box to Indi NTENTION TO:	cate Nature of Nonce, I	BSEQUENT REI	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING	
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. 🔲 PL	LUG AND ABANDONMENT	
PULL OR ALTER CASING]	CASING TEST AND	CEMENT JOB	_	
OTHER:					
12. Describe Proposed or Completed O work) SEE RULE 1103.	perations (Clearly state all pertinent d	etails, and give pertinent dates, in	cluding estimated date of st	arting any proposed	
1) Set CIBP at ± 3600'.					
2) Load and test casing	g to 500 psi for 30 minute	es.			
 Properly Ta well. 					
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		and the second second			
_	is true and complete to the best of my know	wiedge and belief.	<u> </u>		
121100 a 1	De la companya di managaran di	mrzPetroleum En	gineer	DATE01/03/94	
SKINATURE Greg E	Benton			TELEPHONE NO. 682-6324	
THE OKTAGE THE LINE STATE THE STATE OF THE S				JAN 05 1994	
(Turn abace tot press one) OstiCian	ISTRICT I SUPERVISOR			DATE	
APPROVED BY		TITLE -			