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 II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzac, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Inc 30-025-09298 Clayton Williams Energy, L.t.C. Address Midland, Texas 79705 Six Desta Drive, Suite 3000 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Change in Operator name only. Dry Gas Effective 04/07/93 Recompletion Casinghead Gas Change in Operator Condensate If change of operator give name and address of previous operator Clayton W. Williams, Jr., Inc. II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Wednesd Vote 1968 Well No. | Pool Name, Including Formation (Pro Gas) Lease No. Lease Name 89 Jalmat Tansill Yates 7 Rvrs State A AC 1 Location \_ Feet From The \_\_\_West Feet From The South Line and 1980 Unit Letter \_\_\_ 23\$ 36E 10 Township NMPM, Lea County Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) iams of Authorized Transporter of Oil or Condensate XX Box 42130 Houston, Texas 77001 Texas New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be sent) 6 Desta Dr., Suite 5**%**00 Midland, Texas 79705 Xcel Gas Company Twp. When? Unit | Sec. Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Resiv Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE . TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Rhis Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D

## VI. OPERATOR CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Deta

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Robin S. McCarley Production Analyst Title Printed Na 04/01/93 (915) 682-6324

## OIL CONSERVATION DIVISION

Choke Size

Date Approved JUL 2 7 1993

Orig. Signed by Paul Rautz By\_ Geologist Title.

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.

Casing Pressure (Shut-in)

- 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.

Tubing Pressure (Shut-m)

RECEIVED
APR 1 5 1993

OCD HOSPIG AS