Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1989, 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, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

<u> </u>		IO IDA	VIA OI	PURT UIL	- AND NA	I UNAL G							
Operator	_	·					,	Vell A	PI No.				
Clayton Williams Energy, L.L.C. Inc										30-025-09299			
Address													
Six Desta Drive, Suite 30	00	Midl	and,	Texas 79		<u>{ \</u>	<u> </u>						
Reason(s) for Filing (Check proper box)					X Oth	er (Please exp	lain)						
New Well		Change in	1	• —		in Operato		on	ly.				
Recompletion	Oil		Dry	Gas 🖳	Effecti	ve 04/ <u>C</u> 7/9	93.						
Change in Operator	Casinghea	d Gas 🔝	Cond	lensate									
If change of operator give name and address of previous operator	ayton W.	William	ıs, J	r., Inc.	······································								
II. DESCRIPTION OF WELL	AND LEA	ASE				*			١.				
· · · · · · · · · · · · · · · · · · ·					ing Formation (Pro Gas) Kin			Kind o	d of Lease No.				
State A AC 3 Com A Location		1	Ja	lmat Tans	ill Yates	7 Rvrs		State,	Federalkon Be	ex			
Unit LetterA	-:	990	_ Feet	From The	North Lin	e and	990	Fe	et From The	East	Line		
Section 10 Townshi	p 23	IS	Rang	ge	36E , N	мрм,	L	.ea			County		
III. DESIGNATION OF TRAN	SPORTE			ND NATU									
Name of Authorized Transporter of Oil		or Conder	nsate	XX	Address (Giv	e address to w	hich app	roved	copy of this f	orm is to be se	:nt)		
Texas New Mexico Pipeline					Box 42130 Houston, Texas 77242								
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)							
XCEL Pipeline Company					Six Dest	a Dr., Ste	• . 5800)	Midland,	Texas 797	² 05		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	1	V hen	?				
give location of tanks.							L						
f this production is commingled with that	from any oth	er lease or	pool,	give comming	ling order num	ber:							
V. COMPLETION DATA													
Designate Type of Completion	(Y)	Oil Well		Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		1 Banda t			Total Depth	l			222	<u> </u>			
Date Spudded	Date Compl. Ready to Prod.				Total Depui				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth			
									1				
Perforations					•				Depth Casin	g Shoe			
									1				
	Т	UBING.	CAS	ING AND	CEMENTI	NG RECOR	RD						
HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT				
	ONOMIC CONTROLL				<u></u>								
									 				
													
	 												
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	F.					<u>i</u>				
OIL WELL (Test must be after r					he equal to or	exceed ton all	lowable fi	or this	depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes		oj iou	u ou unu musi		ethod (Flow, p				, o. , <u></u>			
Date Filst New Oil Run 10 Tank	Date of Tes	a.			T touseing in	outou (1 10%, p	— , 4—	.9., -	•,				
Length of Test	th of Test Tuking Program				Casing Pressure				Choke Size				
Length of Test	f Test Tubing Pressure				Casing Pressure								
Actual Bood During Test	Oil - Bbls.				Water - Bbis				Gas- MCF				
Actual Prod. During Test				Water - Dois	Water - Bois.								
	1				<u> </u>	·							
GAS WELL	<u> </u>												
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate				
									Ohoka Sina				
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size				
													
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE									
I hereby certify that the rules and regul						DIL CO	VSE,	ℨ℧		DIVISIO	אכ		
Division have been complied with and that the information given above						OIL CONSERVATION DIVISION							
is true and complete to the best of my					Date	Annrove	ad						
)			Dale	Approve	-u			.			
Poten 1 mm	Carley	/			By_			una co	13.5				
Signature Signature						<u>O</u> :	rig. Sig Pau l	znec	L DJ				
Robin S. McCarley	Prod	uction	Anal:	vst			Geole	csau corto	t.				
Printed Name			Title		Title		(ACOT)	75 M					
04/12/93	(915) 682-6								-			
Date		Tele	ephone	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.

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