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

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OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Artenia, NM 88210 DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brizos Rd., Azzec, NM 87410		_				AUTHORI						
I.	TC	TRA	NSPC	PRT OIL	AND NA	TURAL G		API No.				
Operator	To	<i>_</i>						_				
Clayton Williams Energy, 4	ertet. al 11						1 30	-025-09316	<u> </u>			
Six Desta Drive, Suite 300	00 Mid1	and, Te	exas 7	9705	4,2 00		1					
Reason(s) for Filing (Check proper box)		<u></u>			X Ou	es (Please api	aix)					
New Well	a	bange in '	Тпалярог	uer of:	Change	in Operato	r name on	1v.				
Recompletion	Oil		Dry Gas	. 📙		ve 04/07/9						
Change in Operator	Casinghead (]	Conden	mte 📗	,	<u> </u>						
If change of operator give name and address of previous operator Cla	yton W. Wi	lliams	, Jr.,	inc.								
II. DESCRIPTION OF WELL	AND LEAS	E				*						
Lease Name	W	ell No.			ng Formation	•) Kind	of Lease XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ease No.		
State A AC 1		85	Jalm	at Tans	ill Yates	7 Rvrs						
Location	. 2310				lorth -	231	10 -		West	T :===		
Unit Letter	_ :2310		Feet Fro	m The	lorth Lit	e and	F	set From The _		Line		
Section 11 Townshi	p 235		Range		36E , N	MPM,		Lea		County		
III. DESIGNATION OF TRAN	SPORTER	OF OI	L ANI	NATU	RAL GAS							
Name of Authorized Transporter of Oil		Conden	tale [XX	1	ve address to w			rm is to be se	int)		
Texas New Mexico Pipeline Co.					Box 42130 Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casing	ghead Gas	ad Gas or Dry Gas XX				1			Midland, Texas 79705			
Xcel Gas Company - If well produces oil or liquids,	Unit Sec.		Twp. Rge.		Is gas actually connected?			When?				
give location of tanks.		i		i j			i					
If this production is commingled with that	from any other	lease or p	ool, give	comming	ing order nur	ber:						
IV. COMPLETION DATA												
Designate Type of Completion		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Resiv		
Date Spudded	Date Compl.	Ready to	Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dept	Tubing Depth			
Perforations					Depth Casing Shoe							
					·							
	TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			S	SACKS CEMENT			
					:							
		 , -										
	 				:							
V. TEST DATA AND REQUE	ST FOR AL	LOWA	BLE	· · · · · · · · · · · · · · · · · · ·								
OIL WELL (Test must be after)	recovery of local	volume o	of load o	il and musi	be equal to o	r exceed top all	lowable for th	is depth or be f	or full 24 hou	rs.) <u>.</u>		
Date First New Oil Run To Tank							Producing Method (Flow, pump, gas lift, etc.)					
	<u> </u>				Casing Press			Choke Size				
Length of Test	Tubing Press	Tubing Pressure				Canag Freedit						
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF	Gas- MCF				
GAS WELL												
Actual Frod. Test - MCF/D	Length of Te	a			Bbls. Conde	nau/MMCF		Gravity of C	ondensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size				
	1 A THE OF A		T T A 3.	CE	1			<u> </u>				
VI. OPERATOR CERTIFIC				ICE		OIL COI	NSERV	ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					JUL 2 7 1993							
is true and complete to the best of my	knowledge and	belief.			Dat	e Approve						
01:5 1 2.	1111)										
Rotin S. M. Carley					By_	By Original Distriction						
Signature Robin S. McCarley Production Analyst					Paul Kautz Geologist							
Printed Name	<u></u>		Title		Title		Georog,	- -				
04/01/93	(915	682-6										
Deta		Tele	phone N	Ю.	1							

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.