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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

DISTRICT II P.O. Drawer DD, Artenia, NM 88210	O.	Sant		P.O. Bo	x 2088 xico 8750	4-2088	•			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		ST FOI	R ALL	_OWAB	LE AND A	UTHORIZ			**************************************	
	TC	<u>ISPO</u>	RT OIL	S Well A	Pl No.					
Operator Clayton Williams Energy, L	te. In	.C.					30-025-09343			
Address		and, Te	vas 79	9705			\			
Six Desta Drive, Suite 300  Reason(s) for Filing (Check proper box)	O MIGIE	ilu, le	AGS 7.	3103	X Othe	T (Please expla	(n)			
New Well  Recompletion  Change in Operator	C: Oil Casinghead C	_	ransport Ory Gas Condensi			n Oper∋ or e 04/0./93		<b>y</b> •		
change of operator give name	yton W. Wi	<del></del>		=	······································					
I. DESCRIPTION OF WELL	AND LEAS	E			à					
Lease Name	Well No.   Pool Name, Including							f Lease Nederal North New	_	ease No.
State A AC 1		22	Jalma	t Tansi	11 Yates 7	Rvrs	State,			
Location Unit LetterN	660	F	eet Fro	m The S	outh Line	and1980	Fe	et From The	West	Line
Section 13 Townshi	p 23S	J	Range	3	6E , NN	ирм,		Lea		County
III. DESIGNATION OF TRAN	SPORTER	OF OII	ANE	NATU	RAL GAS					
Name of Authorized Transporter of Oil	OI	Condensa	TE [	xx	ł	address to wh			orm is to be se	int)
Texas New Mexico Pipeline Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					Box 42130 Houston, Texas 77242  Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casin Xcel Gas Company	Ricer Cre	need Gas of Dity Gas XX				6 Desta Dr., Suite 5700 Midland, Texas 79705				
If well produces oil or liquids, give location of tanks.	Unit S	sc.   1	Гwр.	Rge.	is gas actually	connected?	When	?		
f this production is commingled with that IV. COMPLETION DATA	from any other	lease or po	ool, give	comming	ing order numi	er:				
Designate Type of Completion		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	KB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth		
Perforations				•		· <u>-</u> - ,		Depth Casir	ng Shoe	<del></del> -
	πυ	BING. (	CASIN	IG AND	CEMENTI	NG RECOR	D .			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT		
					<del></del>			·		
<del> </del>					<del></del>					
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR AL	LOWA	BLE		the roughts of	exceed top all	anable for the	s depth or be	for full 24 how	ers.)
OIL WELL (Test must be after  Date First New Oil Run To Tank	Date of Test	volume o	j lođa o	u ana musi	Producing M	ethod (Flow, pi	emp, gas lýt.	etc.)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<del></del>
Date I like I was a control of the c	Date of Tea							Chake Size		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF		
		<u>.</u>			<u>!</u>					· <del></del> -
GAS WELL					Bbls. Condensate/MMCF			Gravity of Condensate		
Actual Prod. Test - MCF/D	Length of Test				DOIS CONCERNED INTO					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Casing Press	ure (Shut-in)		Choice Size		
VI. OPERATOR CERTIFIC				ICE			JSERV	ATION	DIVISIO	ON.
I hereby certify that the rules and regularized bivision have been complied with and	ulations of the C	il Conserv	ation						2.1.01	J. 1
Division have been complied with and is true and complete to the best of my	knowledge and	belief.	E BOOVE	•	Date	Annrove	d UL Z	7 1993		
$\rho \perp \gamma \perp \rho \rho \rho \rho \rho = \rho \gamma \rho$					By Orig. Signed by Paul Rautz					
Signature	ry Case	self			∥ By_		Oa	ig. Signer	14	
Signature Robin S. McCarley	Prod	uction		st				Paul Kar Geologi	gt	
Printed Name			Title		Title					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

04/01/93 Date

- 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.

(915) 682-6324 Telephone No.

- 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.