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

DISTRICT II P.O. Drawer DD, Arteria, 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

I		TO TRA	NSP	ORT OIL	AND NA	TURAL GA				
Operator							Well	API No.		
Clayton Williams Energy,	Lite. 1	ne					30	0-025-09355		
Six Desta Drive, Suite 3	000 Mia	dland, 1	[exas	7 9 705						
Reason(s) for Filing (Check proper box,					X Ou	ner (Please explo	ain)			
New Well		Change in	i i napo	orter of:	Change	in Operator	r name o	nlv.		
Recompletion	Oil		Dry Ga	_		ve 04/07/93				
Change in Operator	Casinghead	d Gas	Conden	sate X						
If change of operator give name and address of previous operatorC	layton W. V	Williams	s, Jr.	, Inc.						
II. DESCRIPTION OF WELL	ANDIE	CE								
Lease Name	L AND LEA		Pool N	ame. Includi	ne Formation	(Pro Gas)	King	d of Lease	L	ease No.
State A AC 1		13			sill Yate	•	State	CAKANAMAKAKA,	í	
Location										
Unit Letter H	. 1980)	Feet Fr	om The No	orth Lin	se and66	60	Feet From The	East	Line
Section 14 Towns	hip 2	:35	Range		36E , N	МРМ,		Lea		County
	Nonone	D 05 0		TO \$14 (1771)						
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	WOLOKIE	or Conden			Address (Ci	ve address to wi	hich annemu	ed copy of this f	orm is to be s	eni)
Texas New Mexico Pipelir	ne \Box	J		XX	Box 4213		ton, Tex			
Name of Authorized Transporter of Cas			or Dry	Gas XX	Address (Gi	ve address to wi	hich approv	ed copy of this f	orm is to be s	eni)
Xcel Gas Company			,			Dr., Suite			Texas 79	705
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actual	ly connected?	Whe	en ?		
If this production is commingled with th	at from any oth	er lease or	pool, giv	ve comming	ing order nur	nber:				
IV. COMPLETION DATA					. 	-, 			1	
Designate Type of Completion	n - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Resiv	Diff Resiv
Date Spudded	Date Comp	d. Ready to	Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	omation	l	Top Oil/Gas	Pay		Tubing Dep	th	
Perforations					1			Depth Casir	g Shoe	
					CEMENT	ING RECOR			SACKS CEM	ENT
HOLE SIZE	CAS	SING & TI	JRING S	SIZE		DEPTH SET			SACKS CEN	CITI
		·			<u> </u>					

V. TEST DATA AND REQU	EST FOR A	LLOW	ABLE							
OIL WELL (Test must be afte	r recovery of to	eal volume	of load	oil and must					for full 24 hou	<i>((((((((((</i>
Date First New Oil Run To Tank	Date of Tes	s			Producing M	lethod (Flow, pr	ump, gas lift	i, eic.)		
Length of Test	Tubing Pre	SELITE			Casing Press	nure		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	L		Gas- MCF		
recome 11000 Paring 1000	Cii - Dois.									
GAS WELL								·		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Condensate	
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shu	t-m)		Casing Pres	eure (Shut-in)		Choke Size		
			37 7 4 5	ICE	1					
VI. OPERATOR CERTIF				NCE		OIL CON	NSER	VATION	DIVISION	NC
I hereby certify that the rules and re- Division have been complied with a	guistions of the and that the info	OU CORSE	keld appure Lastical	e		J JU!		 . ,		
is true and complete to the best of the			CH BOOM	•	Dot	e Approve	الله الم	2.7 199	33	
2 /		,			Date	e whhlore	للنب ب	<u> </u>		
Rosen S. 7	nº Carl	and			D		Orig. S	igne		
Signature	7	1			∥ By ₋		Paul	Kautz		
Robin S. McCarley	<u>Pro</u>	duction	Analy Title	/st			Geo	logist		
Printed Name	(01	5) 682-			Title	-				
04/01/93		71 007-	4264		11					

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.

5 Copies wiste District Office ICT I lox 1980, Hobbs, Nivi 88240

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TRICT III
O Rio Brazos Rd., Aziec, NM 87410

PICT II Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Casinghead Gas Condensate Condensate Casinghead Gas Casinghead	Rio Brazos Rd., Aziec, NW 87410	REQUE	ST FO	H AL	UR1	LOIL V	ND NATU	JRAL GAS	3				
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Length of Test Actual Prod. During Test Oil - Bbls. Gas-MCF Gas-MCF Gas-MCF Gas-MCF Gas-MCF Casing Pressure Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Casing Pressure (Shut-in) Condensate/MMCF Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief. Signature Dorothea Owens Regulatory Analyst Title Title Title Title Title Title Title Title	Date First New Oil Run To Tank	Date of	Test						·				
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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. Date Approved	VI OPERATOR CERTI	FICATE	OF CC)MP	LIA	NCE		OIL C	ONSER	VATIO	N DIVIS		
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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
- 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.