Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Aneria, NM 88210

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 III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	,,,,,,	TOTRA	NSF	PORT OIL	AND NAT	URAL GA	S				
Operator							i Well A	PI No.	F)(2260	
Clayton Williams Energy, I	nc.						30	-025-09631		2368	
Address											
Six Desta Drive, Suite 300	00	Midland,	Tex	kas 79705	Cither	(Please expiai	in)				
Reason(s) for Filing (Check proper box)		Change in	Tens	porter of	U CORRI	ري بوليد عنده در	- ,				
New Well	Oil		Dry (
Recompletion \Box		ad Gas 🔲									
Change in Operator	Canga	<u> </u>									
f change of operator give name nd address of previous operator											
I. DESCRIPTION OF WELL	AND LF	ASE						·			
Lease Name	1 Wall Ma (Book Name Incliv				ng Formation Kind of			(Lease No. Lease No.		ase No.	
State A AC 1		2 Jalmat Tansill				Yates 7 Rvrs			`		
Location											
Unit Letter	:	330	Fea	From The	Vest Line	2260) Fe	et From The _	<u>South</u>	Line	
Unit Letter									•	County	
Section 21 Townshi	p 23	5	Rang	ge 36E	, NM	<u> PM,</u>		<u>ea</u>		County	
				> ** > * 4 * **** ***	D.1. C.1.C						
III. DESIGNATION OF TRAN	SPORT	ER OF O	IL A	ND NATU	RAL GAS Address (Give	address to wh	ich approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Oil	XX	or Coades	عبيدي	. \square	Box 2648		n, <u>Texas</u>				
Shell Pipeline Company		<u> </u>	Or D	ry Gas		address to wh	ich approved	copy of this fo	rm is to be se	rt)	
THE C AMEDICAL PROPERTY OF THE PARTY OF THE					Address (Give address to which approved copy of this form is to be sent) Six Desta Drive, Suite 5800 Midland, Texas 79705						
XCEL Pipeline Company	Unit	Sec.	Twp	Rge.		Is gas actually connected? Wh					
If well produces oil or liquids, give location of tanks.	1				-						
If this production is commingled with that	from any c	wher lease or	pool,	give comming	ing order numb	er:					
IV. COMPLETION DATA			•								
IV. CONE ELIZON ZIZIZI		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv	
Designate Type of Completion	- (X)	i	į		<u> </u>		L	L	L		
te Spudded Date Compl. Ready to Prod.				4	Total Depth			P.B.T.D.			
•					7 8925			17.1: 5	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Producing F	ormat	tion	Top Oil/Gas F	Top Old Gas Fay			Tubing Depth			
								Depth Casin	Depth Casing Shoe		
Perforations									_		
·		minnio		SINC AND	CEMENITO	AC BECOB	<u>תי</u>	<u></u>			
		TUBING, CASING AND				DEPTH SET			SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE									
	 -				1						
					1						
					İ						
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABI	LE							
OIL WELL (Test must be after	recovery o	f total volum	e of la	oad oil and mus	t be equal to or	exceed top all	owable for th	is depth or be	for full 24 ho	<i>ITS.</i> }	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing M	ethod (Flow, p	wrp. gas lift,	eic.)			
								Choke Size			
Length of Tex	Tubing	Pressure			Casing Fress	11.5		CHOKE SIZE	•		
					137/			IG25- MCF			
Actual Prod. During Test	Oil - Bbis.				Water - Bols.						
								<u> </u>			
GAS WELL								10-0-5	Condensite		
Actual Prod. Test - MCF/D	Length	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
					10	Casing Pressure (Saux-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing	Tubing Pressure (Saux-m)									
								<u> </u>			
VI. OPERATOR CERTIFI	CATE	OF COM	1PL	IANCE		OIL CO	NSFR\	/ATION	DIVISI	ON	
I hamber contify that the rules and re-	rulations of	the Oil Con	ندومعن	ion	-		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , ,		•	
Division have been complied with a	nd that the i	intounanon i	DASH	above			J D	າ ຈະ ປ ເ ∩	03		
is true and complete to the best of m	ry knowleda	ge and perici	•		Date	e Approv	ed Lici	<u> </u>	33		
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Rolen S. M	/ Cax	my			∥ By_		<u> </u>	<u> </u>	iotkee yr	<u>''</u>	
Signature		//	ictio	n Analyst			0.3TAC	1501 07	\$CR		
Robin S. McCarley Printed Name		1.000		itle	Tale	ə <u></u> _					
12/02/93				-6324							
Date			Teleph	one No.	Н						

- 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.