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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFI I hereby certify that the rules and rep Division have been complied with at is true and complete to the best of m	CATE OF	COMI	PLIAN		Casing Press		JU	Choke Size	DIVISIO	DN	
Actual Prod. Test - MCF/D			at-m.)		ļ						
	Length of	Test			Bbls. Condex	sate/MMCF		Ciavily of V	CONTRACT		
CACTITI					Bbls. Condensate/MMCF Gravity of Condensate						
Actual Prod. During Test	Oil - Bbls.				water - Boils						
Length of Test	100112				Casing Pressure Water - Bbis.			Choke Size			
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
V. TEST DATA AND REQUI	EST FOR A	ALLOW	ABLE of load	oil and musi					for full 24 hou	rs.)	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET SACKS CEMENT					ENT		
		TUBING	, CASI	NG AND	CEMENTI	NG RECOR	D				
Perforations	i							Depth Casir		 	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay Tubing Depth						
Designate Type of Completio					Total Depth		<u>i </u>	P.B.T.D.	İ	<u> </u>	
V. COMPLETION DATA	at from any ou	Oil Wel	,_	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
If well produces oil or liquids, ive location of tanks. This production is commingled with the			<u>i .</u>	<u>i</u>		<u></u>		·			
Xcel Gas Company	Unit	Sec.	Twp.	l Pos		Or., Suite		Midland,	Texas 797	;	
Shell Pipeline Company Name of Authonzed Transporter of Cas	inghead Gas		or Dry	Gas XXX	Box 2648 Address (Giv	Houst	ton, Texa		form is to be se	nt) :	
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTE	or Conde		D NATU	RAL GAS Address (Giv	e address to wi	rich approved	copy of this f	form is to be se	nt)	
Section 21 Towns	hip23	<u>S</u>	Range		36E , N	мРМ,		Lea	· · · - · ·	County	
Unit Letter0	:	660	_ Feet Fr	om The S	outhLin	and	Fe	et From The	East	Line	
State A AC 1	<u>, , , , , , , , , , , , , , , , , , , </u>	8	Jalma	at Tansi	ll Yates 7		17210	1244 4444			
I. DESCRIPTION OF WELL Lease Name	L AND LE.		Pool N		ng Formation	(Pro Gas)		of Lease	1	ase No.	
are annual or biovices obsiders	layton W.		s, Jr.	<u> </u>							
New Well Recompletion Change in Operator	Oil Casinghea	Change is	Dry Ga	. 🗆		in Operator /e 04/07/33		ly.			
Six Desta Drive, Suite 30 Reason(s) for Filing (Check proper box,		dland,		_	X Oth	et (Please expla	(מוֹנ				
Address 🐣							1	J-025-053.	(1 //		
Clayton Williams Energy.	Clayton Williams Energy, Laws. Inc.						Well API No. 30-025-				

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.