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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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	-	TO TR	ANSP	ORT OIL	AND NA	TURAL G					
perator				W	Vell API No.						
Clayton Williams Energy, Lt.C. InC								30-025-09	381 🗸		
<b>uddress</b> Six Desta Drive, Suite 3	3000 M	lidland,	Texas	79705							
leason(s) for Filing (Check proper bo					X Ou	net (Please expl	аи)			<del></del>	
iew Weil		Change in									
ecompletion	Oil		Dry G			ve 04/07/9		•			
hange in Operator	Casingh	ead Gas	_ Conde	19 L							
change of operator give name ad address of previous operator	Clayton W.	Willian	ns, Jr.	., Inc.		. <u>-</u>				· · · · · · · · · · · · · · · · · · ·	
. DESCRIPTION OF WEL	L AND LE	EASE									
ease Name   Well No.   Pool Name, Inclu					ing Formation			Kind of Lease State, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Lease No.	
State A AC 1	1 Jalmat Tansi				11 Yates 7 Rvrs			LE,/rederandr/res			
ocatios		330								_	
Unit LetterN	outh Line and 2310 Feet From The West Line					Line					
Section 22 Town	36	SE , <b>NMPM</b> ,			Lea	LeaCounty					
			Range								
I. DESIGNATION OF TR.				ND NATU	RAL GAS	<u> </u>	15.6	rved copy of this for	- is to be s	()	
iame of Authorized Transporter of Oi	' <u> </u>	or Condi	an Sale		Address (Gr	ve daaress to w	пист арру о			.,,,	
·	me of Authorized Transporter of Casinghead Gas or Dry Gas XX					Address (Give address to which approved copy of this form is to be sent)  6 Desta Dr., Suite 5800 Midland, Texas 79705					
Xcel Gas Company  f well produces oil or liquids,	Unit	Unit Sec. Twp				ly connected?		When?			
ive location of tanks.	52.		1	1		.,	i				
this production is commingled with t	hat from any o	ther lease o	r pool, g	ive comming	ing order nur	iber:					
V. COMPLETION DATA					1					big noise	
Designate Type of Complete	on - (X)	Oil We	11	Gas Weil	New Well	Workover	Deepe	n Plug Back	same Kes v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.			Total Depth P.B.T.D.				-		
·								!			
levations (DF, RKB, RT, GR, etc.)	Name of	Producing i	Formatio	0	Top Oil/Gas	Pay		Tubing Depth			
erforations								Depth Casing	Shoe		
•						,		<u> </u>			
TUBING, CASING AN					CEMENT						
HOLE SIZE	C.	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
. TEST DATA AND REQU							lawahla faa	s this domb or he fo	e 6:11 24 hau	er 1	
OIL WELL (Test must be aft Date First New Oil Run To Tank	Date of		e of toda	ou and musi	Producing M	lethod (Flow, p	ump, gas l	this depth or be four ift, etc.)	· / <b>-</b> · · · · · · · · · · · · · · · · · · ·		
ALE THE THE OH RULL TO TALK											
ength of Test	Tubing P	Tubing Pressure				ure		Choke Size	Choke Size		
	Test Oil - Bbls.				Water - Bbis			Gas- MCF	Gas- MCF		
Actual Prod. During Test					Water - Don	•					
C.CUTI											
GAS WELL Actual Prod. Test - MCF/D	Length o	of Test	<del> </del>		Bbis. Conde	neate/MMCF		Gravity of Co	ndensate		
esting Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size		
					<del>\</del>						
I. OPERATOR CERTIF				NCE	-		NSER	VATION [	NVISIO	NC	
I hereby certify that the rules and rules on have been complied with	egulations of the	he Oil Cons formation or	ETVELIOR						<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
is true and complete to the best of t					Date	a Δnnrove	JUL	27 1993			
01.	1	1			Dale						
Kolin S. M. Carly					By Orig. Signed by						
Signature Robin S. McCarley	≁ Pr	roduction	n Anal	yst	-, -		72011	i Kautz			
Printed Name			Title	<del></del>	Title	)	<del>C-e</del>	alaxist			
04/01/93	( <u>ç</u>	915) 682 7		No					-		
Date		Te	ephone.	r <b>10</b> .	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.