Submit 5 Copies Appropriate Distinct Office DISTRICT I	Energy.	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page								
DISTRICT II P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artenia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088									
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST		OWABL	LE AND AU	THORI					
I	101	HANSPUH	I UIL /	AND NATU	HAL G		API No.			
Operator	1 - 1	\sim					30-025-0938	32		
Clayton Williams Energy, L Address	- And I	<u> </u>				<u>+</u>	<u>50 025 055</u>			
Six Desta Drive, Suite 300	0 Midland	, Texas 797	05							
Reason(s) for Filing (Check proper box)				\underline{X} Other (Please expi	ain)				
New Well	•	in insporter	of:	Change in			nly.			
	Oil Casinghead Gas	Dry Gas		Effective	04/07/Э	3				
Change in Operator										
and address of previous operatorCla	yton W. Willia	ams, Jr., I	nc.						. <u> </u>	
II. DESCRIPTION OF WELL	AND LEASE	IA		Shut	In					
Lease Name	Well N	io. ¡Pool Name	, Including				of Lease		iase No.	
State A AC 1	7	Jalmat	t Tansi	11 Yates 7	Rvrs	State	, XFESEX KATXFEE		<u> </u>	
Location										
Unit LetterD	:330	Feet From "	The <u>No</u>	orth_Line an	x4 3	<u>330</u> I	Feet From The _	West	Line	
		_					Lea		County	
Section 22 Township	p 235	Range	365	, NMP	<u>M,</u>			<u> </u>	County	
III. DESIGNATION OF TRAN	or Con	OIL AND M		AL GAS Address (Give a	ddress io w	nich approve	d copy of this fo	rm is io be se	ni)	
Texas New Mexico Pipeline C	XXX	·		Box +2130	1	, ,	xas 77242_			
Name of Authonzed Transporter of Casing		or Dry Gas		Address (Give a	arres 10 w			rm is to be se	nt)	
Xcel Gas Company				6 Desta Dr		5800	Midland,	Texas_797	05	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.		Is gas actually o		Whe	n?			
If this production is commingled with that is IV. COMPLETION DATA				,				Come Regist		
Designate Type of Completion	- 00 i	Vell Gas	Well	New Well V	Vorkover	Deepen	Plug Back	Same Kesv	Diff Resiv	
Date Spudded	Date Compl. Read	v to Prod		Total Depth		<u> </u>	 	·		
		,								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	g Formation		Top Oil/Gas Pay			Tubing Dept	h		
Perforations		· · · · · · · · · · · · · · · · · · ·	·				Depth Casin	g Shoe	,	
			· .	, <u>, </u>	<u> </u>					
	TUBIN	IG, CASING	AND (CEMENTING						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
	<u> </u>									
· · · · · · · · · · · · · · · · · · ·										
· · · · · · · · · · · · · · · · · · ·										
V. TEST DATA AND REQUES	T FOR ALLO	WABLE			···-					
OIL WELL (Test must be after r	recovery of total volu	ume of load oil a	and must l	be equal so or ex	ceed lop al	lowable for 1	his depin or be j	for full 24 hou	<u>rs)</u>	
Date First New Oil Run To Tank	Date of Test			Producing Meth	od (Flow, p	nump, gas lift	, eIC.)			
l		··		<u> </u>			Choke Size			
Length of Test	Tubing Pressure		1	Casing Pressure			CHORE SILE			
Actual Prod. During Test	Oil - Bbls.	<u> </u>		Water - Bbis.			Gas- MCF			
				<u></u>						
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensa	e/MMCF		Gravity of C	Condensate		
Tosting Method (puot, back pr.)	Tubing Pressure (!	Shut-m)		Casing Pressure	(Schuit-m.)		Choke Size			
VI. OPERATOR CERTIFIC			т Т							
I hereby certify that the rules and regul			2	-			ATION	DIVISIO	JN	
Division have been complied with and is true and complete to the best of my	that the information	given above		Date	Approv	ed	2 7 1934			
	Carley					rig, Sign Paul Ka				
Signature	1			By		Paul Ka	nt:			
Robin S. McCarley	Producti	ion Analyst Title	<u> </u>	T 141 -		Geolog	1-1			
04/01/93	(915) 68			Title_						
Date		Telephone No.								

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.