Surmat 5 Copies
Appropriate District Office
DISTRICT |
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

OIL CONSERVATION DIVISION
P.O. Box 2088

P.O. DIEWE DD, ARESS, NM 88210	I .	_		DUX 2008							
DISTRICT III		Sa	inta Fe, New	Mexico 875	04-2088						
1000 Rio Brazos Rd., Azzac, NM 874	REQU	EST F	OR ALLOW	ABLE AND	AUTHOR	ZATION					
I.		TO TRA	NSPORT (OIL AND NA	TURAL G	AS					
Oterator	We						API No.				
Clayton Williams Energy, L.L.C								5 -			
Six Desta Drive, Suite	3000 Mr.	ا بمدال	F 7070F		* e +						
Resson(s) for Filing (Check proper be		ilano,	Texas 79705	X Ou	h (P/	1 2 2					
New Well		Change in	Transporter of:	_	her (Please expl	•					
Recompletion	Oil		Dry Gas	Change Effecti	in Operato ve 04/07/9	r name or จ	ıly.				
Change is Operator	Casinghead	Gas 🗌	Condenses		7	,	1				
If change of operator give name and address of previous operator	Clayton W. W	/illiams	Jr., Inc.								
II. DESCRIPTION OF WEI											
Laus Name	ludine Former	in Province			1-41						
State A AC 1		Well No. Pool Name, Inclu						of Lease Lease No.			
Lo zuos				TOTAL TRAFFS	400011 05						
Unit LetterE	198	0	Feet From The	North L	66	0 _	eet From The	West			
						г	ectrom the		Line		
Section 23 Town	nahip 23	<u>S</u>	Range	36E N	МРМ,		Lea		County		
III. DESIGNATION OF TR	ANSPADTE	0 05 01	T A NITS NIA 7	TIDAT							
Name of Authorized Transporter of O	I XX	or Conden	EL ANU NA I			ich comme	d name of this E				
	Exas New Mexico Pipeline Company				Address (Give address to which approved copy of this form is to be sent) Box 42130 Houston, Texas 77242						
Name of Authorized Transporter of Ca	ne of Authorized Transporter of Casinghead Gas XX or Dry Gas			Address (Gir	copy of this fo	opy of this form is to be sens)					
Xcel Cas Company.	 ,_				Dr., Suite		Midland,				
If well produces oil or liquids, give location of tanks.	Unit :	Sec.	Twp. R	e. Is gas actuall	y connected?	When	1?				
							 -				
If this production is commingled with to IV. COMPLETION DATA	MALIFORNI MALEY CHAR	ricass or ;	pool, give commi	ngling order num	ber:						
		Oil Well	Gas Well	New Well	Workover	Danne					
Designate Type of Complete	on - (X)				workover	Deepen	Plug Back	Same Res v	Diff Res'v		
Date Spudded	Date Compi.	Ready to	Prod.	Total Depth	·	L	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			rmation	Top Oil/Gas Pay			Tubing Depth				
Perf prations	- 										
			•	•	• .		Depth Casing	; Shoe			
	π	JBING.	CASING AN	D CEMENTI	NG RECOR	<u> </u>	<u> </u>				
HOLE SIZE	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE			O CENTER VIII	DEPTH SET			SACKS CEMENT			
				-				1			
											
. TEST DATA AND REQU	FST FOR AL	IOWA	RIF	·							
	r recovery of lota		_	ist he emial to ce	arcaed top allo	umbla fan ski	. damek ka 61	6.21.34 bar-)		
Date First New Oil Run To Tank	Date of Test		<i>y</i> 1000 00 010 110	Producing Me	shod (Flow, pu	no. eas lift. e	ic.)	W JULI 24 NOW	5.1		
				1		,	- /				
enith of Test	Tubing Pressure			Casing Pressu	Casing Pressure			Choke Size			
Actual Band During Ton				 	<u> </u>						
Actual Prod. During Test	Oil - Bbis.			Water - Bbis			Gas- MCF				
				- 		 -	<u> </u>				
GAS WELL Actual Prod. Test - MCF/D	Vocab of To										
and rior ing - MCP/D	Length of Te			Bbis. Conden	Bbis. Condensate/MMCF			Gravity of Condensals			
esting Method (pitot, back pr.)	Tubing Press	ure (Shue-i	n)	Casing Press	Casing Pressure (Shut-in)			Choke Size			
		•	- ,		· · · (CHOKE SIZE				
/L OPERATOR CERTIFI	CATE OF C	OMPI	IANCE	1							
I sereby certify that the rules and re-	rulations of the Oi	Conserva	Nice	(DIL CON	SERV	ATION D)IVISIO	N		
Division have been complied with a	ed that the inform	Niog gives	above	11					•		
is true and complete to the best of m	y izowiedge and	belief.		Date	Approved	JUL	27 199	3			
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Senetry	By_			M*, 11							
Robin S. McCarley	Produ	iction A	inalvst	- (-	 	Orig	Signed h	y			
Printed Name	Title	11 a 1									
(14/01/93	(915)	682-63		II IIII	 						
Date		Telepi	home 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.
- 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.