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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aziec, NM 87410	REQ	UEST F	OR AL	LLOWAE	BLE AND A	AUTHORI	IZATION	I			
•		_			AND NAT						
Operator	-	r					Wei	I API No.			
Clayton Williams Energy, Address	estic.	<u>(n.</u>						30-025-093	397		
Six Desta Drive, Suite 300	00 M	idland,	Texas	79705			1				
Reason(s) for Filing (Check proper box)					X Othe	t (Please . p)	lain)				
New Well		Change in		_	Change i	n Operatu	r name o	nly.			
Recompletion 📋	Oil Corinaba	end Gas	Dry Ga	_		e 04/07/9					
Change is Operator	Casinghe	and Cas	Condet			· <u>'</u>					
ad address of previous operatorCla	yton W.	William	s, Jr.	, inc.		,					
I. DESCRIPTION OF WELL	AND LE	EASE				•					
Lease Name		į.	Pool N	ame, Includi	ng Formation	(Pro Gas		d of Lease e.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ease No.	
State A AC 1		84	Jalr	mat Tans	ill Yates	7 Rvrs	302	E,/I GOSTAL GI/PGI	'		
Location		1000		_	Nonth -	22	210		Fa.+		
Unit LetterC	- :	1980	_ Feet Fr	om The	North Line	and	310	Feet From The	<u>East</u>	Line	
Section 23 Townshi	np 2	235	Range		36E , NN	ирм,		Lea		County	
								_			
II. DESIGNATION OF TRAN Nums of Authorized Transporter of Oil	SPORTI	OF CORDER				a address to w	. List same	ad come of this fi	is to be s		
Texas New Mexico Pipeline Co.					Address (Give address to which approved copy of this form is to be sent) Box 42130 Houston, Texas 77001						
Name of Authorized Transporter of Casin			or Dry	Gas XX	+			ed copy of this fo	orm is to be se	ent)	
Xcel Gas Company					6 Desta D				Texas 797		
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually	connected?	Wh	en ?			
		<u> </u>			 		i				
this production is commingled with that V. COMPLETION DATA	Irom any or	ruet legge of	pool, gr	se consuma	ng order mino	er				 -	
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resv	
Designate Type of Completion	- (X)	_i	i_		<u>i </u>		i			ĺ	
Date Spudded	Date Con	npi. Ready to	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			T. b D	The Door		
								lubing Dept	Tubing Depth		
erformions	•				·			Depth Casin	g Shoe		
					<u> </u>			1			
					CEMENTIN						
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET	<u></u>	<u></u>	SACKS CEMENT		
	+										
<u></u>		,			<u> </u>						
/. TEST DATA AND REQUES OIL WELL				-:	ha amad sa an		laurahla fan i	والمراجع المناسبة	fan 6.11 74 hau)	
OLL WELL (Test must be after to Date First New Oil Run To Tank	Date of T		oj ioda i	OII BALL MUS!	Producing Me				or just 24 nous		
		-			1		,	·			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
				Water - Bbls.			Co. MCE	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.						Ga- MC	GET INICI			
CASWELL		:			*		<u></u>				
GAS WELL Acquail Prod. Test - MCF/D	Length of	Test			Bbls. Conden	mie/MMCF		Gravity of C	ondenma	<u></u>	
				John Castalla Marier							
esting Method (pitet, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
	<u> </u>										
VL OPERATOR CERTIFIC	ATE O	F COM	PLIAN	1CE			VICED!	/ATION	חואופוכ	NI.	
I hereby certify that the rules and regul Division have been complied with and					11		40EU		אוסוגוע	21 N	
is true and complete to the best of my			=W1	-	Desc	Anne	h	07 40	າດວ		
01:		/ ¬			Date	whhlore	~ —Ӈ	UL 27 1 9	193 — —		
Kolun S. M	Yaxl	ey/			By_	4	Orig. Sig	ned by			
Signature Robin S. McCarley	Pr	oduction	Analy	rst.	By		Orig. Sig	Cautz			
Printed Name			Title		Title		Geolo	RIBL			
04/01/93	(9	15) 682-									
Date		Tel	ephone N	40 .	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.

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