Submit 5 Copies Appropriate District Office DISTRICT I	State of New Mexico Energy, Minerals and Natural Resources Department								Form C-104 Revised 1-1-89 See Instructions at Bottom of Page		
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIVISION P.O. Box 2088									I OF LAGE	
P.O. Drawer DD, Anesia, NM 88210		Sa	nta Fe,		exico 8750	4-2088					
DISTRICT III 1000 Rio Brazos Rd., Azzac, NM 87410	REQU		-		BLE AND A						
I. Operator			INSPC		AND NA	I UNAL G		API No.			
Clayton Williams Energy, L		Inc-					3(0-025-10707			
Address		-1		0705							
Six Desta Drive, Suite 300 Reason(s) for Filing (Check proper box)	U M1	dland, I	exas /	5705	X Oth	et (Please expl	ал)	<u> </u>	·		
New Well Recompletion	Oil	Change in	Canapo Dry Ga		Change i	in Operato ve 04/07/9		ly.			
Change in Operator	Camphe	ud Gaus 📃	Conden								
If change of operator give nameCla	yton W.	<u>Williams</u>	. Jr.	Inc.						·	
II. DESCRIPTION OF WELL	AND LE	ASE	TAE	XPires	7-1-47						
Lease Name	well No. Pool Name, Including Formation Kit							of Lease			
State A AC 1		58	Lang	lie Matt	ix 7 Rvrs	Queen GB	Suite,				
Unit LetterG	_ :	980	. Feat Fra	m The 🔟	lorth Lin	e and	<u>1980 </u> F	eet From The	ast	Line	
			Baaaa	-				Lea		County	
Section 11 Township	<u> </u>	<u>s.</u>	Range		36E , N I	MPM,				county	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden			RAL GAS	e address to w	hick approved	t copy of this form	n is 10 be ser	u)	
Texas New Mexico Pipeline Company Box 42130							uston, Te	xas 77242		_ <u>. </u>	
Name of Authorized Transporter of Casing	Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Xcel Gas Company If well produces oil or liquids,	Unit	Sec.	Twp.	Ree	6 Desta I Is gas actuali	Dr., Suite	5800 When	Midland, To	exas /9/0	15	
give location of tanks.			1			,					
If this production is commingled with that I	from any ot	her lease or	pool, giv	e comming	ing order sum	ber:					
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plug Back Si	me Bes'v	Diff Res'v	
Designate Type of Completion	- (X)	101 461			I New Well						
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	•		P.B.T.D.		<u></u>	
Elevations (DF. RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
								Death Casing	Depth Casing Shoe		
Performions											
		TUBING,	CASI	NG AND	CEMENTI	NG RECOR	2D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SA	SACKS CEMENT		
					i				• • • • • • • • • • • • • • • • • • •		
					· 			• • • • • • • • • • • • • • • • • • • •			
	<u> </u>										
V. TEST DATA AND REQUES OIL WELL (Ten must be after r	T FOR		ABLE	il and mus	he equal to of	exceed top al	lowable for th	is denth or he for	full 24 hour	s.) ·	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of T		0) 1004 0		Producing M	ethod (Flow, p	nemp, gas lift.	etc.)		<u> </u>	
								Choke Size			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
	1				!						
GAS WELL				—					der es's		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size			
				1000	┪┎━━━━						
VI. OPERATOR CERTIFIC	ATEO			ICE		OIL CO	NSERV	ATION D	IVISIC	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					Date ApprovedJUL 2 7 1993						
is true and complete to the best of my	Esowiedge	and belief.	1		Date	Approve	الالـ_ be	<u> </u>	J		
Rotin A.	m ^c co	rly			By_		Orig. Sigi	neci			
Signature Robin S. McCarley	4	oduction		st	Þy _		Paul K Geolog	autz			
Printed Name	FT	Judecion	Title		Title	•	Ge010	5120			
04/01/93	(9	<u>15) 682-</u>	6324 ephase M			· <u> </u>					
Dete		1.00	opuude r	w.							

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.

a) 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.