

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address Clayton Williams Energy, Inc. Six Desta Drive, Suite 3000 Midland, Texas 79705		2 OGRID Number 025706	
4 API Number 30-025-10720		5 Pool Name Jalmat Tansill Yts 7 Rvrs (Pro Gas)	
7 Property Code 011788		8 Property Name W. T. Matkins	
		6 Pool Code 79240	
		9 Well Number 2	

II. 10 Surface Location

UI or lot no. I	Section 15	Township 23S	Range 36E	Lot Idn	Feet from the 1980 1650	North/South Line South	Feet from the 660 880	East/West Line East	County Lea
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11 Bottom Hole Location

UI or lot no. N/A	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
12 Lse Code S	13 Producing Method Code P	14 Gas Connection Date 9/1/95	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date				

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
020809	Sid Richardson Gasoline Co. 201 Main St. Fort Worth, Texas 76102	2619930	G	P - 15 - 23S - 36E Matkins Battery
022628	Texas New Mexico Pipeline Company Box 42130 Houston, Texas 77242	2810152	O	P - 15 - 23S - 36E Matkins Battery

IV. Produced Water

23 POD 2619950	24 POD ULSTR Location and Description P - 15 - 23S - 36E Matkins Battery
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V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations
30 Hole Size	31 Casing & Tubing Size	32 Depth Set	33 Sacks Cement	

VI. Well Test Data

34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg Pressure	39 Csg. Pressure
40 Choke Size	41 Oil	42 Water	43 Gas	44 AOF	45 Test Method
46 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: Robin S. McCarley			OIL CONSERVATION DIVISION ORIGINAL SIGNED BY JERRY SEXTON DISTRICT FIELD SUPERVISOR		
Printed name: Robin S. McCarley			Title:		
Title: Production Analyst			Approval Date: OCT 20 1995		
Date: 09/27/95			Phone: (915) 682-6324		
47 If this is a change of operator fill in the OGRID number and name of the previous operator					
Previous Operator Signature		Printed Name		Title	
				Date	

mip

Submit 5 Copies  
Appropriate District Office  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Clayton Williams Energy, <i>L.L.C. Inc.</i>		Well API No. 30-025-10720
Address Six Desta Drive, Suite 3000 Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in Operator name only. Effective 04/07/93
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator Clayton W. Williams, Jr., Inc.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. T. Matkins WN	Well No. 2	Pool Name, Including Formation Jalmat Tansill Yates 7 Rvrs Queen	Kind of Lease State, Federal or P.O.	Lease No.
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>23S</u> Range <u>36E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 42130 Houston, Texas 77242
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Six Desta Dr., Ste 5800 Midland, Texas 79705
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Robin S. McCarley*  
Signature Robin S. McCarley Production Analyst  
Printed Name Title  
04/12/93 (915) 682-6324  
Date Telephone No.

OIL CONSERVATION DIVISION

JUL 27 1993

Date Approved

Signed by  
By *Paul Kantz*  
Geologist

Title

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.

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
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REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Clayton W. Williams, Jr., Inc.</b>		Well API No. <b>30-025-10720</b>
Address <b>Six Desta Drive, Suite 3000, Midland, Texas 79705</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> effective July 1, 1991 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator <b>Hal J. Rasmussen Operating, Inc., Six Desta Drive, Suite 2700, Midland, Texas 79705</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>W. T. Matkins WN</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Jalmat Tansill Yts SR Qu Gas</b>	Kind of Lease <del>Leasehold</del> Fee	Lease No.
Location Unit Letter <b>I</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>15</b> Township <b>23S</b> Range <b>36E</b> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Texas New Mexico Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 2528, Hobbs, New Mexico 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Xcel Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Six Desta Drive, Suite 5700, Midland, Texas 79705</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>15</b>
	Twp. <b>23</b>	Rge. <b>36</b>
	Is gas actually connected? <b>Yes</b>	When ? <b>5-12-60</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Dorothea Owens  
Dorothea Owens Regulatory Analyst  
Printed Name Title  
Date June 7, 1991 (915) 682-6324  
Telephone No.

OIL CONSERVATION DIVISION

JUL 19 1991

Date Approved \_\_\_\_\_  
By \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

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