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Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	neu		-			AUTHOR					
I.		TOTAL	ANSP	OHIOIL	AND NA	TURAL G.		API No.			
Operator		7					İ				
Clayton Williams Energy,	L.C.	Lic			·		3	0-025-107	25		
Address	.00 4	• 43 4	T	70705							
Six Desta Drive, Suite 30 Reason(s) for Filing (Check proper box)	00 M	idland,	rexas	79703	V 0	het (Please expl	-(-)				
New Well		Change is	To a	and of		•	•				
Recompletion	Oii	Change in	. Dry G	~		in Operato		ly.			
Change in Operator	Casinghe	ad Gas	Conde	_	Effecti	ve 04/07/9	3				
If change of operator give name											
and address of previous operator	ayton W.	William	s, Jr.	, Inc.					 -		
II. DESCRIPTION OF WELL	AND LE	ASE									
Lesse Name			Pool N	iame, Include	ng Formation	(Pro Gas) Kind	of Lease	L	ease No.	
State A AC 1		59	Jal	mat Tans	ill Yates	7 Rvrs	State,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	¥		
Location		<u> </u>				-					
Unit Letter E	. 1	980	Fee G	inm The	North 1:	ne and	660 F	et From The	_ West.	Line	
Out Date:	- '					~	•				
Section 15 Townsh	ip 2	35	Range		36E N	MPM,		Lea		County	
						· =					
III. DESIGNATION OF TRAI	NSPORTE			ID NATU							
Name of Authorized Transporter of Oil		or Conde	عنده	XX	1	ve address to w	hich approved	copy of this j	form is to be se	ent)	
Texas New Mexico Pipeline					Box 42130 Houston, Texas 77001						
Name of Authorized Transporter of Casis	ighead Gas		or Dry	Gas XX	1	ve address to w				,	
Xcel Gas Company	1	7	·-			Dr., Suite			Texas 797	05	
If well produces oil or liquids, rive location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actual	ly connected?	When	1.7			
<u> </u>	4	<u> </u>			<u> </u>						
If this production is commingled with that IV. COMPLETION DATA	from any or	Der lease of	pool, gr	As committed	ing order min	nber:	·				
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	l Wasterna	l Dans	Diva Dack	Same Res v	Diff Resiv	
Designate Type of Completion	- (X)	I OII MEII	' !	Cals Well	I LIEM MEIT	Workover	Deepen	I Link pack	Define year	i pili kes v	
Date Spudded		ipi. Ready u	o Prod.		Total Depth	<u> </u>		P.B.T.D.	<u> </u>	<u> </u>	
		,			•			1.3.1.2.			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	ormation	1	Top Oil/Gas	Pay		Tubing Dep	ch .		
• • • • • • • •	İ	•									
Perforations								Depth Casir	ig Shoe		
								i			
		TUBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	ISING & TI	JBING	SIZE	!	DEPTH SET			SACKS CEMENT			
					i		 				
					· · · · · · · · · · · · · · · · · · ·						
V. TEST DATA AND REQUE											
OIL WELL (Test must be after			of load	oil and must					for full 24 hour	<u> </u>	
Date First New Oil Run To Tank	Date of Te	:£			: PTOGUCING M	lethod (Flow, pi	emp, gas iyi, i	ric.)			
1 - 4 - 2 7 - 2	Tubing Pr				Casing Press			Choke Size			
Leagth of Test	Tubing Pressure				Casing 11666	WI C		00			
Actual Prod. During Test	Oil - Bbls				Water - Bbis			Gas- MCF			
record from During for	Ou - Dous	-									
					·						
GAS WELL	Length of	Tord			Dhie Conde	mue/MMCF		Gravity of C	ondentate		
Actual Prod. Test - MCF/D	Tendra or	1 COK			Bois. Conde	MARIO		Clavity of C			
Festing Method (pitot, back pr.)	Tubing Pr	essure (Shu	l-m)		Casing Press	ure (Shut-in)		Choke Size			
tening metros (prior, sack pr.)			- - ,								
	14000 01	- CO) (T	NT 7 4 3	····	ir——			<u> </u>			
VI. OPERATOR CERTIFIC				NCE	(OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regu Division have been complied with and	lations of the	OU CORSEL	VALIOS wa show	•	ll `	J.			J. 1. O. O		
is true and complete to the best of my			CE 800 11	•			۱۱ د	IL 27	1993		
	•	_	$\overline{}$		Date	Approve	a <u> </u>	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	1000		
Robin 1	mer	nolos	1)		_		Orrion S	igned by			
Signature	-/		1		By_			Kautz			
Robin S. McCarley	Pro	oduction		/st				logist			
Printed Name			Title		Title						
04/01/93	(91	15) 682-0		<u></u>							
Deta		1 644	pbons !	₩.	<u> </u>						

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 1
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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

<u>. </u>		1016	71401	OITI OIL	- AND NA	TOTIAL CA							
Operator								Well API No. 30-025-10725					
Clayton W. Williams, C	Jr., Inc.						30-07	25-10/25		10.			
Six Desta Drive, Suite	3000 Mid	dland.	Texas	79705									
Reason(s) for Filing (Check proper box)	314114	· cnus	. 3, 00	XXX Oth	er (Please expla	ain)						
New Well		Change i	n Trans	porter of:		e July 1,	1991						
Recompletion	Oil		Dry (Gas \square	CITCCLIV	c outy 1,	1551						
Change in Operator	Casinghea	d Gas	Cond	iensate 🗌			·						
If change of operator give name and address of previous operator	Hal J. Ras	smussen	Oper	ating Inc.	, Six Des	ta Drive,	Suite 270), Midland	d, Texas 7	9705			
II. DESCRIPTION OF WEL	L AND LE	ASE											
Lease Name		Well No.	1	•	ng Formation		* 1	of Lesso Medes Netxon		etab No.			
State A A/C 1		59	Ja	lmat Tans	ill Yt Sev	en Rivers	Jeant,	A SCHOOL VIOLET					
Location	10	90	_	N	orth .	e and 660			Maak				
Unit Letter E	:19	00	_ Feet	From The	orth Lin	e and	Fe	et From The	west_	Line			
Section 15 Towns	ship	235	Rang	ge 36E	, N	мрм,	Le	a		County			
III. DESIGNATION OF TRA	NSPORTE	R OF C	IL A	ND NATU	RAL GAS								
Name of Authorized Transporter of Oil		or Conde	nsaie	[<u>XX</u>]	Address (Giv	e address to wi	hich approved	copy of this f	form is to be se	ent)			
Texas New Mexico Pip	eline Co.				Box 42130, Houston, Texas 77242								
	lame of Authorized Transporter of Casinghead Gas or Day Gas							Address (Give address to which approved copy of this form is to be sent)					
Xcel Gas Company							Six Desta Drive, Suite 5700,						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge. Is gas actually connected? When?									
f this production is commingled with th	at from any oth	ner lease of	pool,	give comming	ing order num	ber:							
V. COMPLETION DATA	,												
Designate Time of Commission	- (%)	Oil Wel	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completion		- Deadu			Total Depth	<u> </u>		DRTD	l	<u> </u>			
Date Spudded	Date Com	Date Compi. Ready to Prod.						P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Pay		Tubing Depth					
Perforations					L			Depth Casir	ng Shoe				
	7	TUBING	, CAS	SING AND	CEMENTI	NG RECOR	.D	-		· · · · · ·			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET		<u> </u>	SACKS CEMENT				
				J				!					
					ļ			!					
					ļ								
V. TEST DATA AND REQU	FST FOR A	ALLOW	ARI.	F.	<u> </u>			<u>.i </u>					
IL WELL (Test must be afte	r recovery of to	atal volum	of loa	d oil and must	be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)			
Date First New Oil Run To Tank	Date of Te		, 6, 162			ethod (Flow, pu			<u></u>				
Length of Test	Tubing Pre	essure			Casing Press	ure		Choke Size					
				-	Water - Bbls			Gas- MCF					
Actual Prod. During Test	Oil - Bbls.				Water - Bois	•							
GAS WELL													
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of	Condensate	-			
	Tubing Pressure (Shut-in)												
Testing Method (pitot, back pr.)					Casing Pressure (Shut-in)			Choke Size					
	 _				1.			<u> </u>					
VI. OPERATOR CERTIFI					11 6	OIL CON	JSERV	MOITA	DIVISIO	N			
I hereby certify that the rules and rep	gulations of the	Oil Conse	rvation		`								
Division have been complied with a is true and complete to the best of m	nd that the info iv knowledge a	nnauon giv nd belief.	ven abo	ove			_ Jl,	IL 19	1991				
is the size compress to the ocal of the	.,				Date	Approve	a		.001				
Donather &	Junen -	1_				ciricia) a i 🔞	Winder De	ispovice	V TON				
Signature					By GRIGINAL SIGNED BY JERRY SEXTON								
Dorothea Owens	Regul	atory A											
Printed Name	(915)	682-63	Title 24		Title								
June 7, 1991	(313)		ephone	No.									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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