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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artenia, NM 86210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQU	JEST FO	OR ALLOWA	ABLE AND	AUTHORI	ZATION			
I.	-	TO TRA	NSPORT O	IL AND NA	TURAL GA	AS			
Operator					***	Well	API No.		
Clayton Williams Energy, L		nc:	· · · · · · · · · · · · · · · · · · ·		·		<u>30-025-107</u>	′27_ <u>√</u>	
Six Desta Drive, Suite 300)0 <u>Mi</u>	dland, T	exas 79705						
Reason(s) for Filing (Check proper box)				X Out	er (Please expla	2 <i>U</i> 7)			
New Well		Change in	. naporter of:	Change	in Operator	r name on	lv.		
Recompletion	Oil		Dry Gas 📙		ve 04/07/3		,		
Change in Operator	Casinghea	d Gas	Condensate						
If change of operator give name and address of previous operator	yton W. V	Williams	, Jr., Inc.						
II. DESCRIPTION OF WELL	AND LEA								
Lease Name			Pool Name, Inclu	_			of Lease XXXXXXXXXXXXXXX	_	Lease No.
State A AC 1		33	Jalmat Ta	nsill Yates	7 Rvrs			-	
Location									
Unit Letter F	_ :1	650	Feet From The	North Lin	e and165	50 Fe	et From The .	West	Line
Section 15 Townshi	p 23	S	Range 3	6E , N	мрм,		Lea		County
III. DESIGNATION OF TRAN	SPORTF'	R OF OT	L AND NAT	URAL GAS					
Name of Authorized Transporter of Oil	<u> </u>	or Conden	cale		ne address to wi	rich approved	copy of this f	orm is to be se	eni)
Texas New Mexico Pipeline	co.		<u>xx</u>	Box 4213		ton, Texa			
Name of Authorized Transporter of Casin			or Dry Gas XX		ne address to wi			orm is to be se	ent)
Xcel Gas Company				1	Dr., Suite			Texas 797	
If well produces oil or liquids,	Unit	Sec.	Twp. Rg	e. Is gas actuall		When	?		
give location of tanks.	11		1			1			
If this production is commingled with that	from any other	er lease or p	oool, give commin	igling order num	ber:				
IV. COMPLETION DATA		Oil Well	Gas Weil	New Well	Workover	Deepea	Plug Back	Same Resiv	Diff Res'v
Designate Type of Completion		1			<u> </u>		<u>l</u>	<u> </u>	
Date Spudded	Date Comp	i. Ready to	Prod.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas	Pay		Tubing Depth					
Perforations	<u> </u>			<u></u>			Depth Casin	g Shoe	
	т	TIRING	CASING AN	CEMENTI	NG RECOR	D	·		
HOLE SIZE	T		BING SIZE		DEPTH SET			SACKS CEM	ENT
TIOCE GIZE	†		<u> </u>	-					
	+						• • • • • • • • • • • • • • • • • • • •		
	 			i					
	 								
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE						
OIL WELL (Test must be after r	ecovery of to	ial volume d	of load oil and mu	isi be equal to or	exceed top allo	wable for thi	s depik or be	for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Tes	4		Producing M	ethod (Flow, pu	omp, gas lift, e	etc.j		
				<u> </u>					
Length of Test	n of Test Tubing Pressure			Casing Press	ure -		Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis			Gas- MCF		
C. C. F. F. F. L.		·							
GAS WELL Actual Prod. Test - MCF/D	Table of 1			Bbis, Conder	sete MMCE		Gravity of C	ondensate	
Ciual Prod. Test - MCF/D Length of Test				Buik Conde	INICI		Charles of Coastal		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)			Casing Press	ure (Shut-in)		Choke Size		
							<u> </u>		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIANCE		OII OOA	10501	ATION	רו אוכוכ	5 N I
I hereby certify that the rules and regul				(OIL CON			DIVISIC	אוכ
Division have been complied with and	that the infor	mation give				IUL 4	27 1993		
is true and complete to the best of my	mowledge an	a belief.		Date	Approve	d			
Pl' & 1 nac	00 0					a: an	ed by		
	Carlo	4		∥ By_	C	rig. Blen Paul 152	utz		
Signature Robin S. McCarley	PrA	/ duction	Analyst	-		Geolos	7770		
Printed Name	1 1901		Title	Tiala					

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

04/01/93

- 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.

(915) 682-6324

Telephone No.

- 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
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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

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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

		IO IRP	NINOL	ON I OIL	VIAD IAV	TOTAL UP	· ··	Well A	PI No.			
perator	Well API No. 30-025-10727											
Clayton W. Williams, Jr.	, inc.							30-0	10/ <i>E</i> /			
dd ress Six Desta Drive, Suite 3	000. Mid	land, Te	exas	79705					·			
eason(s) for Filing (Check proper box)					XX Ou	ner (Piease expla	ain)					
lew Well		Change in			effecti	ve July 1,	1991					
ecompleuon		. []	Dry (Ges [
hange in Operator	Casinghea		Cond									
change of operator give name Hall	J. Rasmu	issen Op	erati	ng Inc.,	Six Desta	Drive, Sui	ite 2	700,	Midland,	Texas 797	05	
d address of previous operator												
. DESCRIPTION OF WELL	AND LE	Well No.	Pool	Name Includio	ng Formation	(Dro Gas)		Kind o	f Lease	L	ease No.	
ease Name		ing rollimator (F) 0 das/				Sedacoa k oscx (See						
State A A/C 1		33	Jai	illac Tansi	11 10 30,	CH KVIO						
ocation = = = = = = = = = = = = = = = = = = =	. 165	50	East	Even The	North 1 in	ne and	1650	Fe	et From The	West	Line	
Unit LetterF	_ :		_ rea	Productive				. <u></u>				
Section 15 Townshi	p23:	s	Rang	ge	36E , N	ІМРМ,		Lea			County	
				:								
I. DESIGNATION OF TRAN	SPORTE	ER OF O	IL A	ND NATU	RAL GAS	ive address to w	hick o	nnemied	come of this fe	orm is to be si	ent)	
lame of Authorized Transporter of Oil		or Conde	nsale	$\mathbf{X}\mathbf{X}$,	
Texas New Mexico Pipeli	ry Gas XX	Box 42130, Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casin	Ruest Cat		J. D	LAAJ COO V.	Six Desta Drive, Suite 5700,							
Xcel Gas Company	Unit	Sec.	Twp	Rge.	377			When				
f well produces oil or liquids, ive location of tanks.	i out							<u> </u>				
this production is commingled with that	from any ot	her lease or	r pool,	give comming	ing order nur	nber:						
V. COMPLETION DATA	•											
		Oil We	11	Gas Weil	New Wei	Workover	D	eepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			1		Tatal Darel		.]		DOTE	<u></u>	-l	
Date Spudded	Date Con	ipl. Ready	to Prod	L	Total Depth	1			P.B.T.D.			
					Top Oil/Gas Pay				Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				lop on	,						
Perforations					<u> </u>				Depth Casir	g Shoe		
-ellotations								_				
		TUBING	, CA	SING AND	CEMENT	ING RECO	RD					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT				
												
					<u> </u>				-			
	DOT TOD	111011	7 A DY	E								
V. TEST DATA AND REQUE OIL WELL (Test must be after	STFOR	ALLOW	ABL	a C . ad oil and mus	t he equal to	or exceed top al	Цошаb	le for th	is depth or be	for full 24 ho	urs.)	
			e oj tot	ua vu una mus	Producing	Method (Flow, p	, קודשום	gas lift,	etc.)			
Date First New Oil Run To Tank Date of Test												
Length of Test	Tubing Pressure				Casing Pre	ssure			Choke Size			
Length of rea	Tuoing Treesait							=				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.				Gas- MCF				
-					!							
GAS WELL				_								
Actual Prod. Test - MCF/D	Length o	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate		
•									Chaha Sira			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	;		
-					ــــــــــــــــــــــــــــــــــــــ			_				
VI. OPERATOR CERTIFIC	CATE C	F COM	IPLL	ANCE		OIL CO	NIC		ATION	DIVISI	ON	
I hereby certify that the rules and reg	ulations of t	ne Oil Cons	servatio	on.	11	OIL CO	CVI	ΞΠV	AHON	וטועוטו	. , •	
Division have been complied with an	d that the in	(OLUMPTION S	nven a	bove						1 106)	
is true and complete to the best of m	y knowledge	and belief.			∥ Da	te Approv	ed .				4	
A 71	ລ.											
_ Donather	Umer	rs_			Ву	ORIG	MAL	SIGME	D BY JERR	Y SEXION	<u> </u>	
Signature Dorothea Owens	Reaul	atory Ar	nalvs	t					Servayii			
Printed Name	yuı	<u> 1 1,11</u>	Tit		Tit	le						
June 7, 1991	(915)	682-632			'"							
Date		T	elepbo	ne No.	11							

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