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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		O TRA	ANSF	PORT OI	L AND NA	TURAL G					
Operator			Well	API No.							
Clayton Williams Energy, b	10-025-10730 30-025-10730										
Address			_								
Six Desta Drive, Suite 300	00 M10	lland,	lexas	79705	V. 0.	et (Please expl	-:-)			 	
Reason(s) for Filing (Check proper box) New Well		Change in		voter of		•	•				
Recompletion	Oil		Dry C			in Operato ve 04/07/3		ly.			
Change in Operator	Casinghead	Gas 💳	Conde		Effecti	VE 0470773	.)				
If change of operator give name										i	
and address of previous operatorCla	yton W. W	lilliam	s, Jr	., Inc.							
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name		Well No.	Pool I	Name, Includ	ing Formation	(Pro Gas)		of Lease		ease No.	
State A AC 1		31	Jalı	nat Tansi	11 Yates	7 Rvrs	State,	**************************************	•		
Location											
Unit Letter H	: <u>1650</u>		_ Feet F	rom The _h	lorth Lin	e and	990 F	eet From The	East	Line	
45	0.0		_	2.55				100		.	
Section 15 Townshi	p 23	5	Range	: 36E	, <u>N</u>	MPM,		Lea		County	
III. DESIGNATION OF TRAN	SPORTE	ROFO	II. AN	D NATI	RAL GAS						
Name of Authorized Transporter of Oil		or Conde		[XX]		e address to w	luch approved	copy of this	form is to be se	ent)	
Texas New Mexico Pipeline	co.			لخما	Box 4213		con Texa				
Name of Authorized Transporter of Casing			or Dry	Gas XX		e address to w			form is to be se	eni)	
Xcel Gas Company					6 Desta	Dr., Suite	5700	Midland, Texas 79705			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actual	y connected?	When	?			
give location of tanks.	<u> </u>		<u> </u>		1						
If this production is commingled with that I	from any other	r lease or	pool, g	ive comming	ling order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Weil	1 Nov. 11/20	1 11/2-1-2	D	Dive Deels	Como Book	Diff Res'v	
Designate Type of Completion	- (X)	I Ou wen	· 1	Cat Well	New Well	Workover	Deepen	Plug Back	Same Resiv	i i	
Date Spudded	Date Compl	. Ready to	o Prod.		Total Depth	L		P.B.T.D.			
•	•										
Elevauons (DF, RKB, RT, GR, etc.)	Name of Pro	oducing F	omatio	1	Top Oil/Gas	Pay		Tubing Dep	th		
	<u> </u>				<u> </u>			<u>i</u> .			
Perforations								Depth Casir	ig Shoe		
		IDDIC	CASI	NIC AND	CITA CITA CITA	NC DECOR		<u>:</u>			
10.50.75	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CEMENTI	DEPTH SET	ַ	:	SACKS CEM	ENT	
HOLE SIZE	UAS	ING a TO	JANG	SIZE		DEPTH SET		JAONG GEMENT			
	-				1						
					•						
					i						
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re	ecovery of low	al volume	of load	oil and must					for full 24 hou	<u>rs.) </u>	
Date First New Oil Run To Tank	Date of Test	l			Producing M	ethod (Flow, pi	imp, gas lift, i	ec.)			
					Casing Press			Choke Size			
Length of Test	Tubing Pres	aire			Casing Freesa	ire					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF			
Actual Field During Test	Oli - Bois.										
CACHELL							·				
GAS WELL Actual Prod. Test - MCF/D	Length of T	est		·	Bbls, Conder	sale/MMCF	-	Gravity of C	ondensate		
Actual Frod. Test - MICF/D	Cengui Gi I	-			Boia. Course	E PARAICI		Gillary or Gallery			
(Shut-m)				Casing Press	ire (Shut-in)	·	Choke Size				
The state of the s	- And Andrew Courses, 1961					•					
VI. OPERATOR CERTIFIC	ATF OF	COME	TAI	VCF	1						
I hereby certify that the rules and regula				102		DIL CON	JSERV.	ATION	DIVISIO	N	
Division have been complied with and t	that the inform	nation giv	en abov	e		Approve	1111	97 100	3		
is true and complete to the best of my is	mowiedge and	d belief.			Date	Approve	d JUL	61 100	· ·		
01:1	Mana	1	1			·	Orio Sia	ned by			
- Karn S. M. Carley					Orig. Signed by Paul Kautz						
Signature Robin S. McCarley	Prod	uction	Analy	vs t	""		Geole	gist			
Printed Name		.3001011	Title	, , , ,	Title						
04/01/93	(915) 682-0	6324		Inde			 ,			
Date		Tele	phone !	No.	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.

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 I-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., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

[.		OTRA	NSP	ORT OIL	AND NAT	TURAL GA	\S	DI No.			
Operator	rator						Well API No.				
Clayton W. Williams, Jr	., Inc.				30-025-10730						
Address Six Desta Drive, Suite	3000. Mi dl	land. Te	xas 7	9705							
Reason(s) for Filing (Check proper box)	0000, 1114				XX Othe	t (Please expli	iin)				
New Well		Change in	Transp	orter of:	effectiv	e July 1,	1991				
(tumpeus)	0:1		Dry G								
Change in Operator XX	Casinghead		Conde			 .					
change of operator give name Hall	J. Rasmus	ssen Ope	ratir	ng Inc.,	Six Desta	Drive, Sui	te 2700,	Midland,	Texas 7970)5	
I. DESCRIPTION OF WELL	ANDIFA	SF									
Lease Name		Well No.	Pool N	lame, Includi	ng Formation (Pro Gas)		of Lease	i	ezse No.	
State A A/C 1		31_	State. Textural kontrol						8		
Location											
Unit Letter H	: <u>1650</u>)	Feet F	rom The	North Line	and	90 Fe	et From The	<u>East</u>	Line	
`			n		26E NB	мрм,	1.00			County	
Section 15 Townsh	ip 23S		Range		36E , N	virwi,	Lea				
II. DESIGNATION OF TRAI	NSPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden		XX	Address (Giv	e address to w			orm is to be se	int)	
Texas New Mexico Pipel						2130, Hous			is do the ex		
Name of Authorized Transporter of Casi	lat a to 0 to 0700 Midland To										
Xcel Gas Company	Unit	Sec.	Twp.	Roe	Is gas actually		When				
If well produces oil or liquids, give location of tanks.	l l	360.	 	1	is gas access.	y commone.	i				
f this production is commingled with the	t from any oth	er lease or	pool, gi	ive comming	ing order num	ber:					
IV. COMPLETION DATA						<u>,</u>					
D To of Completion	. ~	Oil Well	. }	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	Date Comp	A Peedy to	Prod		Total Depth	i		P.B.T.D.	.L		
Date Spudded	Date Comp	A. Really W) i lou.					1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
								Depth Casing Shoe			
Perforations								Depth Casi	ng Shoe		
			<u> </u>	DIC AND	CELCENT	NC PECOE	<u> </u>		·		
		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET		T	SACKS CEMENT		
HOLE SIZE	CAS	SINGAT	JBING	SIZE	 	DEI III OE I					
								<u> </u>			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	<u>.</u>	. k au al ea as	- arrand top all	loumble for th	is denth or he	for full 24 hos	ers.)	
OIL WELL (Test must be after	Date of Te		of load	ou ana mus	Producing M	ethod (Flow, p	ump, gas lift,	etc.)	<u> </u>	:	
Date First New Oil Run To Tank	Date of 16	SL					1.0				
Length of Test	Tubing Pre	ssure			Casing Press	nue		Choke Size			
								Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL								I Carrier of	Condensate		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of	Collections		
	Tuhing Pressure (Shiff-im)				Casing Press	ure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)										
VI. OPERATOR CERTIFI	CATEO	COM	DT TA	NCE	1						
I hereby certify that the rules and reg						OIL CO	NSERV	ATION	DIVISION	ЭN	
Division have been complied with an	nd that the info	rmation giv	ven abo	ve				1111	19 199	31	
is true and complete to the best of m	y knowledge a	and belief.			Date	e Approve	ed	405			
						• •					
_ Donother (Juens	<u> </u>			By_				Y SEXTON		
Signature Dorothea Owens	Regula	tory Ana	alyst			4	DISTRICT I	SUPERVIS	OR		
Printed Name			Title		Title) <u> </u>	<u> </u>				
June 7, 1991	(915) (682-6324		No							
Date		14	lephone	TAD.	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.