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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

DISTRICT II P.O. Drawer DD, Antenia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

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I.		TOTRA	1001	TUKI	UIL	- ANU NA	TURAL G		API No.			
Operator Clayton Williams Energy, L.L.C. Inc								77611		30-025-20245		
Clayton Williams Energy	, 1-t.C. 1	<u>inc</u>			·				30-023-20	J24 <u>5</u>		
Address Six Desta Drive, Suite	3000	Midl	and	Texas	797	705						
Reason(s) for Filing (Check proper box			41145	10,00			et (Please expl	ain)				
New Weil	"	Change in		sporter of:		_	•		1.0			
Recompletion		Change in Operator name only. Effective 04/07/93.										
Change in Operator	Oil Casinghea	nd Gas	Dry Conc	densate								
f change of operator give name	·				=-						r	
nd address of previous operator	Clayton W.	<u>William</u>	<u>s, J</u>	r. In	<u>c.</u>							
I. DESCRIPTION OF WEL	L AND LE	ASE										
					ocluding Formation (Pro Gas) Kind o				of Lease No.			
State A AC 3 Com A									Federalion Seax			
Location		<u> </u>										
	_	660	East	Error The	. !	South Lin	a and	660 F	eet From The	East	Line	
Unit LetterP	··		rea	rion in	·	<u> </u>	C 400		oct i tom inc			
Section 10 Town	nship 23S		Rang	ge	3	6E , N	MPM,		Lea		County	
							·					
III. DESIGNATION OF TRA	ANSPORTE	R OF O	IL A	ND NA	TU	RAL GAS						
Name of Authorized Transporter of Oi	ı	or Conden	sate	XX		Address (Giv	e address to w	hich approved	t copy of this	form is to be s	eni)	
Texas New Mexico Pipeli	ne Company					Box 4213	0 Hous	ton, Texa	s 77242			
Name of Authorized Transporter of Ca	singhead Gas		or D	ry Gas 🛚	ХX	Address (Giv	e address to w	hich approved	t copy of this	form is to be s	ent)	
XCEL Pipeline Company						Six Dest	a Dr., Ste	. 5800	Midland,	Texas 797	705	
If well produces oil or liquids,	Unit	Sec.	Twp	.	Rge.	Is gas actuall	y connected?	When	?			
give location of tanks.		L	<u> </u>									
If this production is commingled with the	hat from any oth	ner lease or	pool,	give com	mingl	ing order num	ber:					
IV. COMPLETION DATA				=.		- ₁		,		_,		
Designate Tree of Complete	~ ~	Oil Well		Gas We	:II	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completi		1	_1			Tatal Darek	l	<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ		
Date Spudded	Date Com	pl. Ready to) PTOG	L		Total Depth			P.B.T.D.			
	No.					Top Oil/Gas	Pav		(Tubing Day			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation									Tubing Depth			
Perforations						<u> </u>			Depth Casing Shoe			
r crioradous					•		•			-6		
		TIPNC	CAS	SING A	ND	CEMENTI	NC RECOR	חים				
TUBING, CASING HOLE SIZE CASING & TUBING SIZE					עויו	CEIVIEIVII	DEPTH SET		SACKS CEMENT			
HOLE SIZE	CA	CASING & TUBING SIZE				DEF IN SET			Shorto sement			
									-			
												
									1			
V. TEST DATA AND REQU	EST FOR	ALLOW	ABL	E		1						
OIL WELL (Test must be aft	er recovery of t	otal volume	of loa	 ad oil and	musi	be equal to or	exceed top all	owable for th	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pro	essure				Casing Press	ште		Choke Size			
		-				1						
nual Prod. During Test Oil - Bbls.					Water - Bbis	•	<u> </u>	Gas- MCF				
CACWELL				-								
GAS WELL . Actual Prod. Test - MCF/D	Tanmh of	Test				Bbis. Conde	sale/MMCF		Gravity of	Condensate		
ACUSE PIOU. 1684 - MICP/D	Zengui O	Length of Test										
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size			
result method (puce, odek pr.)	reasing a remote (research)											
	TO 1 CT		77 7	A N 7 CT		1						
VI. OPERATOR CERTIF							OIL CON	NSERV	'ATION	DIVISIO	NC	
I hereby certify that the rules and ru	egulations of the	Oil Conse	rvation	0		11					- · .;	
Division have been complied with is true and complete to the best of	my knowledce :	живиов glv und belief.	сп 80	VE				. 1111	9 7 100	13		
19 How mine completes to the cost of)			Date	Approve	d nor	<i>₩</i> 1 133	<u></u>		
Plin 1 m	ncast	' /	/									
110100 D 11	jaar	<u>u/</u>			_	By_		ممحدث على	<u> </u>			
Signature / Robin S. McCarley	Dro	/ duction	Anal	vs+		-, -	T.	Paul Eau	tz			
Printed Name		uucki OII	Title		_	Title		Geologis				
04/12/93	(91	5) 682-6				IIIIE						
Deta			enhon.	a 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.