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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, Inc.		Well API No. 30-025-20977
Address Six Desta Drive, Suite 3000 Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A AC 1	Well No. 109	Pool Name, Including Formation Jalmat Tansill Yates 7 Rivers	Kind of Lease State, Production Pool	Lease No.
Location Unit Letter A : 660 Feet From The East Line and 560 Feet From The North Line Section 23 Township 23S Range 36E , 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"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 42130 Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> XCEL Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 6 Desta Drive, Suite 2025 Midland, Tx 79705	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twsp.	Rge.
	Is gas actually connected? Yes When? 8-25-93	

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
		X				X		X
Date Spudded	Date Compl. Ready to Prod. 08/25/93		Total Depth		P.B.T.D. 3350'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Yates		Top Oil/Gas Pay		Tubing Depth 2872			
Perforations 2924 - 3076' 3/8" w/20 shots					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	7-5/8		317		250			
9.5"	4-1/2		3670		250			
9.5	2-3/8		2872					

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 147	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (prior, back pr.) Flowing	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
Production Analyst (915) 682-6324
Date Telephone No.

OIL CONSERVATION DIVISION

SEP 22 1993

Date Approved _____

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

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.

RECEIVED

APR 21 1993

OFFICE