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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

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

OU KIO BIZZOS KIL, AZZOC, TILLI OT TE	REQU	EST FO	OR AL	TOMYR	LE AND	AUTHORI	ZATION				
		TO TRA	NSPO	ORT OIL	AND NA	TURAL GA		DI XI-			
rator							Well API No.				
Clayton Williams Energy,	Inc.						1 30	-025 - 24170)	 .	
Address											
Six Desta Drive, Suite 30	000	Midland.	Texa	s 79705		(5)					
Reason(s) for Filing (Check proper box)					Oth	es (Please expla	zin)				
New Well ·		Change in									
Recompletion	Oil	쓰	Dry Ga								
Change in Operator	Casinghea	d Gas	Conden	mie 📗							
change of operator give name											
ad address of previous operator											
I. DESCRIPTION OF WELL	AND LE	ASE					T		1 .	N'a	
Lease Name		Well No. Pool Name, Including Formation						Kind of Lease Lease No. State, Redenal XXXIII			
State A AC 1		112	Jalm	at Tansi	11 Yates 7	Rvrs			·		
Location											
Unit LetterJ	:165	50	Feet Fr	om TheE	ast Lin	e and2210	<u> </u>	et From The .	South	Line	
Оше выше		—								.	
Section 21 Towns	hip 235	; 	Range	36E	, N	мрм,	L	<u>ea</u>		County	
		-									
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	D NATU	RAL GAS					e)	
Name of Authorized Transporter of Oil	[XX]	or Coade	sate		Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	ni)	
Shell Pipeline Company	Box 2648 Houston, Texas 77001										
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
XCEL Pipeline Company					Six Desta Drive, Suite 5800				. Texas 79	9705	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	?	•		
give location of tanks.			<u></u>		<u> </u>		L				
If this production is commingled with th	u from any od	ner lease or	pool, gi	ve commingi	ing order num	ber:					
IV. COMPLETION DATA							<u> </u>				
		Oil Wel	:	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv	
Designate Type of Completio	ก - (X)	İ	1		1	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
Date Spudded	Date Com	pl. Ready L	o Prod.		Total Depth			P.B.T.D.			
								<u> </u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of I	roducing F	omation	3	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
						<u> </u>					
Perforations	 							Depth Casi	ag Shoe		
		•						<u> </u>			
		TUBING	, CASI	NG AND	CEMENT	NG RECO	<u> </u>				
HOLE SIZE	THE PARTY OF THE P					DEPTH SET			SACKS CEMENT		
11002 0.22								<u> </u>			
					1						
						•		1			
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLE								
OIL WELL (Test must be after	er recovery of	iotal volum	e of load	oil and mus	t be equal to o	r exceed top al	Iowable for th	is depth or be	for full 24 ho	<i>I</i> s.)	
Date First New Oil Run To Tank	Date of T				Producing M	Method (Flow, p	ownφ, gas lift,	elc.)			
Length of Test	Tubing P	ressure			Casing Pres	ante		Choke Size	:		
									l VCF		
uctual Prod. During Test Oil - Bbls.					Water - Bbis			Gas- MCF			
GAS WELL	11	77			Bbls. Conde	nsie/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				DOIN COMMENSION OF THE PARTY OF						
Testing Method (nitet back or.) Tubing Pressure (Shut-m)					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	g Method (pitot, back pr.)										
								<u> </u>			
VL OPERATOR CERTIF	ICATE C	F COM	PLIA	NCE		OIL CO	NSFR	/ATION	DIVISI	ON	
I hamby certify that the rules and to	equiations of the	ne Oil Cous	ervation				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , ,			
Division have been complied with and that the information given above					Date Approved DEC d 6 1993						
is true and complete to the best of	my knowledge	and belief.			Dat	te Approv	ed <u>nr</u>	<u> </u>	137		
01:	2000	0)								
Rosen S.	///Ca	rley			By.		T BONS	3 B7 y*E₹	Y SEXTON		
Signature	•	D-C	a+:a=	Analyst			SHERICITY	SUPERVIS	∪R		
Robin S. McCarley		Produ	Ction Title	<u>Analyst</u>	7:11	_					
Printed Name 12/02/93		(915)	682-6		11 110	e <u> </u>	<u> </u>				
Date			elephone								

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.