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 Instruction

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

OIL CONSERVATION DIVISION

PO. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Clayton Williams Energy, L.L.C. I_{K} 30-025-24980 Six Desta Drive, Suite 3000 Midland, Texas 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change in Operator name only. Dry Gas Oil Recompletion Effective 04/07/93 Casinghead Gas Change in Operator П Condensate If change of operator give name and address of previous operator Clayton W. Williams, Jr., II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal For Florix Jalmat Tansill Yates 7 Rvrs Ares State 3 Location 330 Feet From The North Line and 2310 Feet From The ____ Lea 16 Township 235 Range 36E , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate XX P. O. Box 2436 Abilene, Texas 79604 Pride Pipeline Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas XX or Dry Gas XCEL Proeffine Company Six Desta Dr., Ste 5800 Midland, Texas 79705 Twp. When? If well produces oil or liquids, Unit Sec. Rge. Is gas actually connected? zive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v Designate Type of Completion - (X) Total Denth Date Compl. Ready to Prod. Date Spudded Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE **DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbis. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Leagth of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VL OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Connervation Division have been complied with and that the information given above JUL 27 1993 is true and complete to the best of my knowledge and belief. Date Approved . Kolum S. By_ Sign Robin S. McCarley Orig. Signed by Paul Kautz Production Analyst **Printed Name** Title Title. Geologist (915) 682-6324 04/12/93

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

Dista

- 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.

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.

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Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANS	PORT	Oll	AND NA	TURAL G					
Operator H. Hallan	In The					1			API No.			
Clayton W. Williams, Jr., Inc. 30 025 24980											·····	
Six Desta Dr., Suite	3000	Midla	ınd,	Texas	s 7						· · · · ·	
Reason(s) for Filing (Check proper box) New Well		Change in	n Trans	sporter of:	•		nes (Please expl	lain)				
Recompletion	Change in Transporter of: Oil Ty Dry Gas											
Change in Operator	Casinghea	d Gas	Con	densate					<u></u>			
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE	ASE									•	
Lease Name	Well No. Pool Name, Includ								and of Lease		ease No.	
Ares State		3 Jalmat Tansill Yt Seven						ivers B-1431			431	
Unit Letter B	_ :3:	30	_ Feet	From The	No.	orth Lin	e and23	10 r	eet From The	East	Line	
Section 16 Townsh	ip 23	5	Rang	ge 3	36E	N	мрм,	L	ea		County	
III. DESIGNATION OF TRAI	VSPORTE	r of o	TT. A	ND NA	יו וייר	DAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
Pride Pipeline Company						P. O. Box 2436 Abilene, Tx 79604						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Xcel Gas Company						Address (Give address to which approved copy of this form is to be sent) Six Desta Dr., Suite 5700 Midland, Tx 79705						
If well produces oil or liquids, give location of tanks.	 			Rge.	le gas actual		When					
If this production is commingled with that	from any oth	er lease or	pool,	give comm	ningl	ing order num	ber:			 		
IV. COMPLETION DATA		1 - 1 - 1 - 1 - 1										
Designate Type of Completion		Oil Well	j	Gas Wei	11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Compl. Ready to Prod.						Total Depth			P.B.T.D.			
Clevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
Perforations						l			Depth Casing	g Shoe		
							TEL CELEBOOK DE CONTRACTOR DE					
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					ND	DEPTH SET			SACKS CEMENT			
11000 000	THOSE SEE CHOINE & TODING SIZE					DEFIN SET			CACKS CEMENT			
	 											
V. TEST DATA AND REQUE OIL WELL (Test must be after t						he equal to or	exceed top allo	wahle for thi	e denth or he G	or full 24 hour		
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.)					
Y and a CT and					C			Choke Size				
Length of Test	Tubing Pressure					Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL	_1				I				<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI ODED ATOD CEDTICIC	ATEOE	COM	TA	N/ TE								
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						(DIL CON	ISERV	ATION E	DIVISIO	N.	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						y						
O 1'						Date	Approved	t	·	· · · · · · · · · · · · · · · · · · ·		
Roben S. M. Caxley						By Land Land Market Charles						
Signature Robin S. McCarley Production Analyst						_ رح		·	, ,,,,			
Printed Name Title 02/21/92 (915) 682-6324						Title						
Date (513) 002-0324						1				•		

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