



Clayton W. Williams  
State "A" 9/1 #113  
Plug at rock test  
Bill Brown  
# 715

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

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

WELL API NO.  
30-025-25446

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

State A AC 1

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Clayton Williams Energy, Inc.

8. Well No.  
113

3. Address of Operator  
Six Desta Drive, Suite 3000 Midland, Texas 79705

9. Pool name or Wildcat  
Jalmat Tansill Yates 7 Rvrs

4. Well Location  
Unit Letter P : 990 Feet From The South Line and 990 Feet From The East Line  
Section 21 Township 23S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) Set CIBP at  $\pm 3300'$ .
- 2) Load hole and test casing to 500 psi for 30 minutes.
- 3) Properly TA well.

THE COMMISSION MUST BE NOTIFIED  
24 HOURS PRIOR TO COMMENCING WORK

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Matt Swierc

TITLE

Production Superintendent

DATE 06/02/93

TYPE OR PRINT NAME

Matt Swierc

TELEPHONE NO. 682-6324

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 13 1993