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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., Azzac, NM 87410

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

REQUEST FOR ALLOWARLE AND AUTHORIZATION

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<u>.                                    </u>		TO TRA	NSP	OH I OIL	ANU NA	AND NATURAL GAS					
Clayton Williams Energy to 1					30-025-25538						
Clayton Williams Energy	ket.C.	( li						30-023-233	,,,,,		
Address			<b>T</b>	70705	* = 1		i				
Six Desta Drive, Suite		idland,	ıexas	19/05	V 00	et (Please : pla	<u></u>				
Reason(s) for Filing (Check proper bo	t)	<b>~</b>	. T		X Od	er (Piease 194	(Dt)				
New Well	03	Change in	•			in Operator		ly.			
Recompletion U	Oil Contacto	-4 <i>C</i> 🗀	Dry Ga		Effecti	ve 04/07/93	3				
Change is Operator	Camphe	an Cas	Consolar		<del></del>			<del></del>			
f change of operator give name and address of previous operator	Clayton W.	William	s, Jr.	, Inc.							
•	LANDIE	ACE									
I. DESCRIPTION OF WEL	L AND LE		Dool N	lama Includ	as Formation	····	Kind	of I ease		ease No.	
Lease Name		Well No.   Pool Name, Including						Kind of Lease State, Wilder Not West		Lease No.	
State A AC 1		114	, 3011	11113	1111 14003						
Location	4.	~ = 0		c	South	. 99	Ω		East		
Unit Letter	:	550	_ Feat Fr	rom The _	Lie	e and	F	et From The		Line	
-			_	_				1.00		C	
Section 21 Town	uship 2	235	Range	3	6E , N	MPM,		Lea		County	
T DECICALITICAL OF TO	A NCBODTI	ED OF O	TT A N	ID NATE	DAT CAS						
III. DESIGNATION OF TR. Name of Authorized Transporter of Oi	1	or Conde		HATO	Address (Gi	ve address to wi	uch approved	come of this fe	orm is to be se	eni)	
•	<b>4</b> 🔀	0, 000			Box 264		on, Texa			· -•	
Shell Pipeline Company	ninches Cos		or Dry	Geo.	<del></del>	ve address to wh			orm is to be st	ent)	
Name of Authorized Transporter of Ci	Tighten Or	_xx	Ut Diy		1		• •				
Xcel Gas Company  If well produces oil or liquids,	1 Unit	Sec.	Twp. Rge.		6 Desta Dr., Suite 5300			00 Midland, Texas 79705 When?			
ive location of tanks.	l Omy	1 30.	11-4	1 1	gas accusa	iy comean.	1	•			
f this production is commingled with t	<u> </u>	her leses or		No COMMING	line order min						
V. COMPLETION DATA	max from any or	Table Maries Ot	poor, gr	As consuming	hing order mm		<del></del>				
V. COMB DETION DATA		Oil Wel	<del>, _</del>	Gas Well	New Well	Workover	Doepen	Pine Rack	Same Res v	Diff Resv	
Designate Type of Completi	on - (X)	I OU MET	' ¦ '	OES WEIL	I MEM HEIL	i workover	i Deepeu	1 1108 2-0-	l I	1	
Date Spudded		npi. Ready t	o Prod		Total Depth	1	L	P.B.T.D.			
Date Spucces	<b>Date</b> (31)	ipi. Keesy o	01102					7.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	ometica		Top Oil/Gas	Pay		Tubing Dept			
Elevations (DF, RRB, R1, OR, Ele.)	ivalue or	riodicing r	011122100	•	1			i mount prebi	4.		
Perforations	!			<del>.</del>	<del> </del>			Depth Casin	g Shoe		
								•	_		
		TIRNG	CASI	NG AND	CEMENT	NG RECOR	D				
LIOUE OUTE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	<del></del>	CASING & TUBING SIZE				<u> </u>					
		<del></del>									
<del></del>					<del> </del>	<del></del>					
					<del></del>						
V. TEST DATA AND REQU	FCT FOD	ALLOW	ARLE								
_	ESTFOR	ALLUVII	at land	, oil and mus	i he emal to o	e exceed top all	owable for th	s depik or be l	for full 24 hou	rs.)	
OIL WELL (Test must be aft Date First New Oil Run To Tank	Date of T		0, 1000	OL SAL MAD	Producing N	lethod (Flow, pu	emp. eas lift.	eic.)			
Date First New Oil Kill 10 1 ank	Date of 1	CM						,			
Location Ten	Tubias B	Tubing Pressure				Casing Pressure			Choke Size		
Length of Test	I doing r										
Assort Break Division Total	Oil Bhi	Oil - Bbls.				Water - Bbis			Gas- MCF		
Actual Prod. During Test	OII - B011										
					<del> </del>						
GAS WELL						<del></del>					
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
									Charle Size		
Testing Method (pilot, back pr.)	Tubing P	Tubing Pressure (Shut-m)			Casing Pressure (Shut-in)			Choke Size			
					1			<u> </u>			
VL OPERATOR CERTIF	ICATE O	F COM	PLIA	NCE		011 001	ICEDY (	ATION	רוויוופול	<b>781</b>	
I hereby certify that the rules and r						OIL CON	12FKA	AHON	אופואוח	אוע	
Division have been complied with and that the information given above					Date Approved			AUG 06 1993			
is true and complete to the best of my knowledge and belief.											
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Rown A. W	2º Carle	<u>u</u> /			_			e and the			
Signature		7			∥ By_		Orig S	Kautz			
Robin S. McCarley	<u>Pr</u>	oduction		yst			Paul	Kautz logist			
Printed Name			Title		Title	)	Geo	MRISA			
04/01/93	(9	15) 682-		NI.							
Date		T-1	lanbone l	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.