Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## 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 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-28514 Clayton Williams Energy, L.L.C. Address 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 Opera for name only. Oil Dry Gas Recompletion Effective 04/07/93 Casinghead Gas Change in Operator Condennate If change of operator give name and address of previous operator Clayton W. Williams, Jr., Inc. <u> 4174</u>00 5 TA II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, XXXXXXXXXXXXXXXX 119 | Langlie Mattix 7 Rvr Queen Gb State A AC 1 Location 1295 \_ Feet From The \_ East \_ Line and \_\_ 1295 South Unit Letter \_ Feet From The Township 235 36E Lea Range , NMPM, County 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) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Twp. If well produces oil or liquids, Rge. | Is gas actually connected? When? give 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 Plug Back | Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF. RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 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 Tes Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Length of Test Tubing Pressure Water - Bbis Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Tubing Pressure (Shut-m) Choke Size Testing Method (pitos, back pr.) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATIONS DIVISION 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. Date Approved Orig. Signed by Paul Rautz Signature Robin S. McCarley Production Analyst Geologist Printed Name Title Title 04/01/93 (915) 682-6324

## 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.