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 Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III		Sar	ita Fe	, New M	exico 875	04-2088			· • · · · · · · · · · · · · · · · · · ·		
1000 Rio Brazos Rd., Aziec, NM 8741	REQL	EST FC	R A	TOWA	BLE AND	AUTHORE	ZATION		\$1.45		
I.		TO TRA	NSP	ORT OIL	AND NA	TURAL GA					
Operator	-	T					Well	IPI No.			
Clayton Williams Energy,	gy, Estic. Inc							30-025-28515			
Address Six Dosta Deivo Suito 3	000 Mi	dland T	av 2 a	79705			\				
Six Desta Drive, Suite 3 Reason(s) for Filing (Check proper box		dland, T	exas	19103	X Ou	ner (Please expl	718				
New Well	,	Change in	Transpo	orter of:			/ 1	-			
Recompletion	Oil		Dry G	_		in Operator ve 04/07/93		ıy.			
Change in Operator	Casinghea	d Gas 🔲	Conde	nate 🗌	2		-	!			
If change of operator give name and address of previous operatorC	layton W. N	Williams	. Jr.	. Inc.				\			
			`A		~ ` · · · · · ·	· 1-1-	90				
II. DESCRIPTION OF WELL Lease Name				of Lease No.							
State A AC 1	Well No. Pool Name, Includ							FANAL KALATAN			
Location	·			,,,,,		74400 42					
Unit LetterC	:2	5	Feet Fr	om The	North Lim	e and	1345 F	et From The	West	Line	
Section 10 Towns	thip 23	S	Range		36E , N	МРМ,		Lea		County	
TO DESIGNATION OF TRA	NCDODTE	D OF OT	T A B.	TO NIATTI	DAT CAC						
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Condens		DNATU		ve address to wi	hich approved	come of this f	form is to be se	ent)	
	لـــا							, .,,		,	
Name of Authorized Transporter of Cas	inghead Gas		or Dry	Gas	Address (Gi	ve address to wi	uch approved	copy of this f	orm is to be se	ent)	
Xeel Cas Company					6 Desta	Dr., Suite	5300	Midland,	Texas 797	705	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actual	ly connected?	When	?			
give location of tanks.				<u> </u>							
f this production is commingled with th IV. COMPLETION DATA	at from any oth	er lease or p	ool, giv	e comming	ling order num	iber:					
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	1 5	l Maria Darah	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	IOU WELL	- `	JEE WEII	I MEM METT	WOLKOVEL	Deepen	Plug back		Dill Kes v	
Date Spudded	Date Comp	d. Ready to	Prod.		Total Depth	1	<u>!</u>	P.B.T.D.	<u>.</u>	_ L ,	
•											
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
								Death Green Street			
Perforations				•			•	Depth Casin	ig Shoe		
	т	TIPING	CAST	NG AND	CEMENITI	NC PECOP	n	!			
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
TIOCE GIZE		CASING & TUBING SIZE				021 111 32 1			· ONONO GENERAL		
					i						
								· · · · · · · · · · · · · · · · · · ·			
								<u> </u>			
V. TEST DATA AND REQU								4 .4 .4.	6 6 II 34 h)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes		j load	ou and must		ethod (Flow, pu			JOP JULI 24 NOW		
Date Fire New Oil Run 10 1ams	Date of 16				T TOURCELLEG 171	(1 104, p	٠. ٣٠٠ . ١٩٠٠ .				
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test Oil - Bbls.					Water - Bbls			Gas- MCF			
					ļ 	<u> </u>		<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pre	seure (Shut-	m)		Casing Press	ure (Shut-in)		Choke Size			
				<u> </u>	ļ						
VI. OPERATOR CERTIFI				ICE	"	OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and rep					1	OIL CON	IOLN V	AHON	DIVISIC) N	
Division have been complied with a is true and complete to the best of m			z above	•		A .	6	7 4000	•		
	, 	`			Date	Approve	a MF y	1993			
Rolin 1 n	Carl	(v)				~ ·	_ Circum	÷.			
Signature	/ WC	y			By_	Ori	g. Signen auf Kaut	z			
Robin S. McCarley Production Analyst					Geologist						
Printed Name	104	E\	Title		Title						
04/01/93	(91	5) 682 - 6	<u> 324</u>		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.