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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

> REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 11 17		<u> </u>	E ANTO TAX	TOTIAL G	Well	API No.			
Clayton Williams Energy, L	30-025-30999										
Address	Let.C.	<u> </u>									
Six Desta Drive, Suite 300	00 M	idland, 1	Tevas i	79705							
Reason(s) for Filing (Check proper box)		Tarana,	CAUS		X Oth	er (Pleas: expl	auri)				
New Well		Change in	Тгальгоо	rter of:	_	•					
Recompletion	Oil		Dry Ga		Change :	in Oper. >> ve 04/07/9	r name on	ly.			
Change in Operator		ead Gas	•	_	LITECLI	7E 0470775	J.				
If change of operator give name	<u>-</u>	Williams						· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL	AND LE	EASE									
Lease Name	ing Formation		of Lease		Lease No.						
State A AC 1		123	Jalı	mat Tan:	sill Yates	7 Rvrs	State,	X Te deri Karx ix	·8 ·		
Location											
Unit Letter N	. :	990	Feet Fro	om The 🚅	South Lim	and22	.50 Fe	et From The	West	Line	
Section 9 Townshi	p 23	<u>S</u>	Range	36	6E , NI	MPM,		Lea		County	
III. DESIGNATION OF TRAN	SPORT	ER OF O	IL ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	XX	or Conden				e address to wi	hich approved	copy of trus	form is to be s	eni)	
Texas New Mexico Pipeline		У			Box 421		ton, Texa				
Name of Authorized Transporter of Casing		xx	or Dry (Gas -	•	e address to wi			orm is to be si	eni)	
Xcel Gas Company	<u></u> , <u></u>				6 Desta Dr., Suite 5 8 0			••			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually		When				
give location of tanks.	1				i g	,		•			
If this production is commingled with that	from any or	her lease or	nool give	commine	ing order numb	Y F	-				
IV. COMPLETION DATA							,	,			
Designate Type of Completion	- 00	Oil Well	l c	as Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v	
Date Spudded		npl. Ready to	Prod.	 	Total Depth	L]	P.B.T D.	<u></u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas I		Tubing Depth				
Elevation (Fig. 17) on, dely					•	•		rubing Deb	· · · ·		
Perforations					• • • • • • • • • • • • • • • • • • • •			Depth Casir	ng Shoe		
						·					
		TURING	CASIN	IC AND	CEMENTI	VC PECOP	D				
HOLE SIZE		ASING & TU			CLIVILIATI	DEPTH SET			SACKS CEM	ENT	
HOLE SIZE	1	101110 8 70	Juliu 3	12.		DET :- T SET			SHORE OF A		
						• · · · · · · · · · · · · · · · · · · ·					
	 -	-			•						
	!										
V. TEST DATA AND REQUES	TFOR	ALLOWA	RIF								
OIL WELL Test must be after re				ومرسم أمسم أر	ha agual to or	exceed top allo	samble for the	e dench or he	for full 24 kau	7 5.1	
Date First New Oil Run To Tank			oj toda o	a ana musi		thod (Flow, pu			· · · · · · · · · · · · · · · · · · ·		
Date First New Oil Run 10 Tank	Date of T	eg			Producing ivie	ulog (Piow, pu	νην, gas iyi, e	··· /			
Lood of Tod	of Test Tubing Pressure				Casing Pressure			Choke Size			
Length of Test					Casing riessu	10					
Asset Back Back Trans	Oil - Bbls.				Water - Bbls			Gas- MCF			
Actual Prod. During Test					Mater - Doir		<u> </u>				
	<u> </u>					 					
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conden	MMCF		Gravity of C	onden sate		
Testing Method (puot, back pr.)	Tubing Pr	ressure (Shut-	m)		Casing Pressu	re (Shut-in)		Choke Size			
•											
VI. OPERATOR CERTIFIC	ATE O	E COMP	TTAN	Œ	1		··············				
,				CL	\parallel	DIL CON	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					JUL 27 1993						
is true and complete to the best of my k		_				•	JUL	21 19	9 3		
		`			Date	Approve	a ——				
Robin S. M.C	orter	<i>l</i>)					Orig. S	Signed by			
Signature	meny	<u></u>			∥ By_			Kautz			
Robin S. McCarley	4 _{re}	oduction	Analys	it	,_			ologist			
Printed Name			Title		Title						
04/01/93	(9	<u>15) 682-6</u>	324		11110		·				
Date			phone 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.