Subrat 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, Artema, NM 88210

| 1000 Rio Brazos Rd., Aztec, NM 874 [. | 10 REQ | | - | | BLE AND | | | | | | |
|---|---------------------------------------|-----------------------------|-------------|-----------------|---|-------------------------------|---------------------------------------|---|------------------------|---------------------------------------|--|
| Operator | TO THAIRD OTT OIL | | | | | AND NATURAL GAS Well API No. | | | | | |
| Clayton Williams Energy, Late. LINC | | | | | 30-025-09402 | | | | | | |
| Address | 2000 4 | | - | 70705 | | | | | | | |
| Six Desta Drive, Suite Reason(s) for Filing (Check proper bo | | idland, | iexas | 79705 | X Oth | et (Please expl | | | | | |
| New Well | - / | Change i | | orter of: | | - | | 1 | | | |
| Recompletion | Oil | | . Dry G | _ | | in Operato ve 04/07/∃ | | ı y • | | | |
| Change in Operator | Casinghe | ad Gas | Conde | 20 99142 | | | | | | | |
| change of operator give name and address of previous operator | Clayton W. | William | ns, Jr | ., Inc. | | | | | | | |
| at and a province operation | | | | <u> </u> | T | | | | | | |
| I. DESCRIPTION OF WELL AND LEASE JA Shut | | | | | | | | of Lease No. | | | |
| State A AC 1 | | | | | | ensill Yates 7 Rvrs | | | XTEBERKATATEX | | |
| Location | | | | | | | | | | | |
| Unit Letter N | : | 990 | _ Feet F | rom The _ | South Lin | e and165 | 0F | eet From The | Wes | tLine | |
| Section 24 Tow | nuship 235 | Š | Range | . 36 | SF N | мрм. | | Lea | | County | |
| Secuola 21 10W | iiiii 200 | | - reading | | <u> </u> | VII IVI ₁ | | | | | |
| II. DESIGNATION OF TR | | | | ND NATU | RAL GAS | e address to w | | d come of the | form is to be s | ent) | |
| Name of Authorized Transporter of O | u 🗆 | or Conde | al SALE | XX | Acourest (Un | e aaaress 10 w | пист арргоче | LOPY OF THIS | jurm is ia b€ 5 | w/ | |
| Name of Authorized Transporter of C | asinghead Gas | | or Dr | Gas 5 | Address (Gir | e address to w | hich approved | d copy of thus | form is to be s | ent) | |
| Xcel Gas Company | | | | | 6 Desta Dr., Suite 5700 | | | | | | |
| If well produces oil or liquids, | Unit | Sec. | Twp. | Rge. | is gas actuall | y connected? | When | 3 ? | | | |
| ive location of tanks. | | <u> </u> | .l | | <u> </u> | | | | | | |
| f this production is commingled with to V. COMPLETION DATA | that from any of | ther lease of | r pool, g | ive comming | ling order num | | · · · · · · · · · · · · · · · · · · · | | | | |
| V. COMILETION DATA | | Oil We | 1 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completi | | i | i | | i | <u>i</u> | i i | <u>i </u> | <u> </u> | _i | |
| Date Spudded | Date Con | npi. Ready i | to Prod. | | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of | Producing F | ormatio | <u> </u> | Top Oil/Gas | Pay | | Tubing De | pth | | |
| Perforations | | | | | | | | Depth Casi | ng Shoe | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | | | | | |
| | | TUBING | , CAS | ING AND | CEMENTI | NG RECOR | D | | | | |
| HOLE SIZE CASING & TUBING SIZE | | | | | DEPTH SET SACKS CEMENT | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| . TEST DATA AND REQU | JEST FOR | ALLOW | ABLE | | | | | | | - | |
| IL WELL (Test must be aft | er recovery of | iotal volume | of load | oil and mus | | | | | for full 24 hou | <i>((((((((((</i> | |
| Date First New Oil Run To Tank | Date of Test | | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| Length of Test | Tubing Pressure | | | | Casing Press | ire | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | - Water - Bbls. | | | Gas- MCF | | | | |
| ALLESS FIRST DURING TOX | Oil - Bois | • | | | | | | | | | |
| GAS WELL | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of | Test | | | Bbls. Conder | sate/MMCF | | Gravity of | Condensate | | |
| | Tibing Pressure (Sturt in) | | | | Casing Pressure (Shut-in) Choke S | | | | <u> </u> | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing 1 loss | 210 (2214-12) | | i | | | |
| VI. OPERATOR CERTIF | TCATE O | F COM | PI IA | NCE | | | : | | = | | |
| I hereby certify that the rules and r | | | | | | DIL COI | USERV | ATION | DIVISION | NC | |
| Division have been complied with | and that the infe | ormation gi | ven abov | re | | | | | | | |
| is true and complete to the best of | my knowledge | and belief. | | | Date | Approve | d | 1 27 | 993 | | |
| P.S. 1 | mar | 2.1. | , | | | | | • | | | |
| Kolu D. Michily | | | | | By Orig. Signed by Paul Kautz | | | | | | |
| Signature Robin S. McCarley | | | | | | | 70 | 1 K91172 | | | |
| | Pr | oductiór | | yst | | | Pau | alouist. | | | |
| Printed Name 04/01/93 | | <u>oductiór</u> 15) 682• | Title | yst | Title | | Pau Ge | ologist | | | |

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.