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, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 8741	HEQU					AUTHORII TURAL GA					
perator			<u></u>					Pl No.			
Clayton Williams Energy.							30-	025-09464			
Address											
Six Desta Drive, Suite 3			Midla	and, IX	79705	et (Please expl	ain)				
Reason(s) for Filing (Check proper box)	Change in	Transr	water of:		er (riease expu	aun)				
New Well	Oil		Dry C		Effecti	ve 11/01/9	93				
Recompletion \square	Casinghea	_	Conde		2	, 0 1 / 3					
change of operator give name						_					
id address of previous operator					 						
I. DESCRIPTION OF WEL	L AND LE		,								
ease Name		Well No. Pool Name, Including						of Lease Federal or Fe	(Lease Lease No.		
B. Davis		3	Jal	lmat Tans	ill Yates	7 Rvrs			<u> </u>		
ocation					South	165	in –		Wost	• :	
Unit LetterK	:1	650	_ Feet I	From The	South Lin	e and	Fe	et From The	West	Line	
Section 34 Town	ship 23	S	Range	e 36E	, N	мрм,			Lea	County	
II. DESIGNATION OF TRA	ANSPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	[XX]	or Coade		_ 🖵	Address (Gir	ve address to w	hich approved	copy of this f	form is to be s	ent)	
EOTT Oil Pipeline Compan	P.O. Box 4666 Houston, Texas 77210 Address (Give address to which approved copy of this form										
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					1					eni)	
	d Richardson Gasoline Company				201 Main St. Ft. Worth Is gas actually connected? When				6102		
If well produces oil or liquids, ive location of tanks.	Unuit	jSec. I	Twp.	l vše	is gas actual	ij ummaneu:	""	•			
f this production is commingled with the V. COMPLETION DATA	hat from any ot	her lease or	pool, g	give comming	ling order num	nber:					
		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1			<u></u>	<u> </u>	<u></u>	<u> </u>	<u></u>	_L	
Date Spudded	Date Corr	ipl. Ready to	o Prod		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of 1	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>			Depth Casi	ng Shoe		
		TIDE!C	CAS	TNIC AND	CELERIT	NC PECOE	2D	1			
		TUBING, CASING AND				DEPTH SET			SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE			DEFINSE			GAOIGO GERRAITA			
							-				
V. TEST DATA AND REQU	EST FOR	ALLOW	ABL	E					E 6 71 74 L	1	
OIL WELL (Test must be aft			e of loa	d oil and mus	t be equal to o	r exceed top al	lowable for th	is depth or be	јог јин 24 ко	ws.)	
Date First New Oil Run To Tank	Date of T	est			Producing M	fethod (Flow, p	nump, gas lyt,	€1€.)			
Length of Tex	Tubing P	Tubing Pressure				ente.		Choke Size			
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.			Water - Bbls.			Gas- MCF			
<u> </u>						<u> </u>		1			
GAS WELL	TV	/ Torr			Bhie Conde	nate/MMCF		Gravity of	Condensue		
Actual Prod. Test - MCF/D	Length o	Length of Test									
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	TCATE O	E COM	DT TA	NCE	1			<u> </u>			
VI. OPERATOR CERTIF I hereby certify that the rules and i						OIL CO	NSERV	ATION	DIVISION	NC	
Division have been complied with	and that the inf	ormation gi	ven ab	Ove						•	
is true and complete to the best of	my knowledge	and belief.			Dat	e Approv	edN	<u> 121</u>	993		
01.		0	-			· · · · · · · · · · · · ·					
Kolen S.	Max	ley			By.		tiete		Y SEXTON		
Signature	1		A = - 1					HILPS VIS	0.8		
Robin S. McCarley Printed Name		<u>duction</u>	Title		Title	۵				==	
11/03/93	(915)	682-632				·					
Date		Te	elephon	e 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.