

DISTRICT I
P.O. Box 1940, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
See Instructions
at Bottom of Page

OCT 22 '90

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS O. C. D.

| | |
|--|------------------------------|
| Operator SOUTHWEST ROYALTIES, INC. | Well API No. 30-015-20633 |
| Address 407 N. Big Spring, Suite 300, Midland, Texas 79701 | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Effective Date: September 1, 1990 | |
| If change of operator give name and address of previous operator PHILLIPS PETROLEUM COMPANY, 4001 Penbrook Street, Odessa, Texas 79762 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|------------------------|
| Lease Name Arco Fed | Well No. 3 | Pool Name, including Formation Grayburg-Jackson-SR-Q-G-SA | Kind of Lease State, Federal or Foreign | Lease No. NM-074936 |
| Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line Section 17 Township 17S Range 30E, NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|---|---|------------|------------|-------------|
| Name of Authorized Transporter of Oil xxxxxx or Condensate <input type="checkbox"/> Navajo Refining Co., PL Div. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210 | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company | Address (Give address to which approved copy of this form is to be sent) Box 2197, Houston, TX 77001 | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 17 | Tw. 17S | Rge. 30E |
| Is gas actually connected? | | When? | | |

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|-------------------|--------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | Depth Casing Shoe | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | 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 Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

L. M. Sanders
Signature
L. M. Sanders Supv., Regulation & Proration
Printed Name
10-18-90 Date
(915) 368-1488 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____
For Record Only

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.