

NEW MEXICO OIL CONSERVATION COMM. XI
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-88
RECEIVED

MAY - 9 '90

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator **SOUTHWEST ROYALTIES, INC.** ARTESIA, OFFICE

Address **P. O. BOX 11390, MIDLAND, TX 79702**

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☒	Casinghead Gas	☐	Condensate	☐

If change of ownership give name and address of previous owner **SIRGO OPERATING, INC., P. O. BOX 3531, MIDLAND, TX 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name SHUGART B	Well No. 3	Pool Name, including Formation SHUGART (Y.S.R.O.G.)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM12211
Location				
Unit Letter N	330	Feet From The SOUTH	Line and 1650	Feet From The WEST
Line of Section 33	Township	18S	Range 31E	NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ ENRON	Address (Give address to which approved copy of this form is to be sent) Box 1188, Houston TX 77251-1188	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
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)

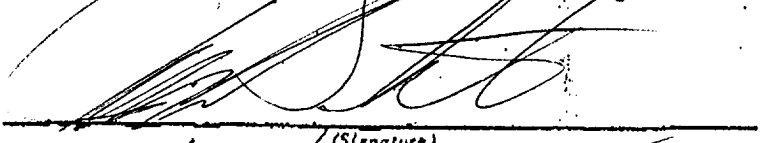
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size ported ID-3
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	5-25-90
			Gas-MCF 649 OP

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Land Manager
4/3/90
(Date)

OIL CONSERVATION COMMISSION

MAY 10 1990

APPROVED _____, IN _____
BY **ORIGINAL SIGNED BY**
MIKE WILLIAMS
TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with NMC's 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NMC's 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.