Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICTIII 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Wall API No 30-015-05727 SWR Operating Company 200 Crescent Court, Suite 1310, Dallas, TX 75201 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: Dry Gas Recompletion Casinghead Gas Condensate Fffective 1/1/91 Change in Operator If change of operator give name and address of previous operator Southwest Royalties, Inc. Box 953, Midland, TX 79702 II. DESCRIPTION OF WELL AND LEASE Lease No Well No. Pool Name, Including Formation Kind of Lease Lease Name State, Federal or Fee LC069041_ Welch "A" | Shugart (Y.SR.Q.G.) Location : 1650 Feet From The North Line and 2310 Feet From The East Unit Letter G County NMPM, Eddy Township 19S Range 31F III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Dry Gas [__] Name of Authorized Transporter of Casinghead Gas When ? Twp. Rge. Is gas actually connected? Unit Sec. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v Gas Well | New Well | Workover Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **DEPTH SET** CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above Man - 4 1991 is true and complete to the best of my knowledge and belief. Date Approved ORIGINAL SIGNED BY

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Printed Name

2/21/91

BroTon

Lynd

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

Title

MIKE WILLIAMS

SUPERVISOR, DISTRICT IS

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

214-871-5556

Telephone No

- 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.