

Submit 2 copies to Appropriate District Office.

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-116
Revised 1/1/89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

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

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

GAS - OIL RATIO TEST

Page 1 of 2

Operator 021355 SOUTHWEST ROYALTIES INC		Pool 33820 Jalmat Tansill Yates Seven Rivers		County Lea											
Address P.O. BOX 11390 MIDLAND TX 79702		TYPE OF TEST (X) S () T		Completion ☐ Special ☐											
LEASE NAME	WELL NO.	LOCATION			DATE OF TEST	S	CHOKE SIZE	TBQ. PRESS.	DAILY ALLOW. ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST		GAS - OIL RATIO		
		U	S	T							R	WATER BBLs.	GRAV. OIL	OL BBLs.	GAS MCF.
010624 Cities Federal	2	M	20	22S	36E	P	----	----	M	24	55	27.3	1	12	12000
	2	I	06	22S	36E	T	----	----	M	24	125	35.6	3	4	1333
	3	G	06	22S	36E	P	----	----	M	24	0	27.7	1	38	38000
	7	H	06	22S	36E	T	----	----	M	24	8	36.1	7	4	571
018085 Sholes B-25	1	H	25	25S	36E	P	----	----	M	24	0	27.7	1	137	137000
018086 Sholes B-13	4	C	13	25S	36E	P	----	----	M	24	9953	27.7	23	141	6130
018087 Sholes A Redwood <i>9-18-97</i>	2	A	24	25S	36E	P	----	----	M	24	9340	27.7	6	89	14833
	3	I	24	25S	36E	P	----	----	M	24	5033	27.7	6	27	4500
	4	H	24	25S	36E	P	----	----	M	24					
	5	O	13	25S	36E	P	----	----	M	24					
018089 Maralo Sholes B	2	P	25	25S	36E	S									

Instructions:

(2-A) TNM 22628
SKG 20809

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Signature

Anna M. Schelling / Regulatory Analyst

Printed name and title

May 6, 1999 915/686-9927 Ext 514

Date

Telephone No.