

BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION

OCD EXHIBIT NO. 11

CASE NO. 12965

Print 5 Copies
Proprietary District Office
RICT I
Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

FEB 25 1991

RICT II
Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

O. C. D.
ARTESIA, OFFICE

RICT III
Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

91 MAR 5 AM

Operator: SWR Operating Company Well API No. 30-015-05670

Address: 200 Crescent Court, Suite 1310, Dallas TX 75201

Reason(s) for Filing (Check proper box) Other (Please explain)

Well Completion: Change in Transporter of: Dry Gas
 Oil Casinghead Gas Condensate Effective 11/1/91

Change of operator give name and address of previous operator: Southwest Royalties, Inc. Box 953, Midland, TX 79702

DESCRIPTION OF WELL AND LEASE

Well Name: Shugart B Well No. 1 Pool Name, including Formation: Shugart (V.S.R.Q.G.) Kind of Lease: State, Federal or Fee Lease No. NM12211

Location: Unit Letter 0 .330 Feet From The South Line and 2310 Feet From The East Line
Section 33 Township 18S Range 31E, NMPM, Eddy County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

Well produces oil or liquids, or 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 number:

V. 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.

Signature: C. Burton Lynch V.P. Oper.
Printed Name: C. Burton Lynch Title: V.P. Oper.
Date: 2/21/91 Telephone No.: 214-871-5556

OIL CONSERVATION DIVISION

Date Approved: MAR - 4 1991

By: Mike Williams

Title: SUPERVISOR, DISTRICT II

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.