P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVIS. P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 22 '90

RECEIVED

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION C. D. L.

I		O TRAN	ISPORT OIL	AND NA	TURAL GA		C, U.			
Operator	/				· · · · · · · · · · · · · · · · · · ·	AWEN	PINA.			
SOUTHWEST ROYALTIES,	INC. /						015-042	97		
Address 407 N. Big Spring, Su	ite 300	, Midla	ınd, Texas	79701						
Reason(s) for Filing (Check proper box)				Oth	es (Please expla	in)		······································	· · · · · · · · · · · · · · · · · · ·	
New Well		. —	ransporter of:							
Recompletios Change is Operator	Oil Contact and	_	Ony Gas 🔲	ree	ootius De		1	1 100		
Mahana of contractive come		Gas [C			ective Da					
and address of previous operator PHI	LLIPS P	ETROLEU	M COMPANY	, 4001	<u>Penbrook</u>	Street	0dess	a, Texas	79762	
IL DESCRIPTION OF WELL	AND LEA	SE								
Lease Name		Well No. Pool Name, Including							ase No.	
Maddren-B #11 Fed	11 Jackson-Abo					XXX	Federal or Fo	LC-0€	0528	
Location Unit LetterE	_ :2	310 F	est From The No	rth Lie	e and990)F	et From The .	West	Line	
Section 23 Township	1 7S	R	tange 30E	N	мрм, І	Eddy			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil						/ak a = = -	Language and the State of the S	i- a- t	_41	
•	. A									
							sia, New Mexico 88210 med copy of this form is to be sent)			
Name of Authorized Transporter of Casing	preas Gas	<u>س</u> «	r Dry Cas	Address (Gir	n address to wh	ich approved	copy of this f	orm is to be se	re)	
None If well produces oil or liquids, rive location of tanks.						When	a 7			
f this production is commingled with that	from any other		17S 30E	No.	<u> </u>					
IV. COMPLETION DATA			- , · · · · · · · · · · · · · · · · · · ·							
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Doepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Date Compil. 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			
							<u></u>			
104 5 075	TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE				<u> </u>			040//0 05//5/		
HOLE SIZE	CAS	ING & TUB	ING SIZE	DEPTH SET			SACKS CEMENT			
	 			 			 			
							†		7	
V. TEST DATA AND REQUES										
OIL WELL (Test must be after n	ecovery of sou	al volume of	load oil and must					for full 24 hou	rs.)	
Data First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis	Water - Bbla.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of To	est		Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pres	sure (Shut-in	i)	Casing Pressure (Shut-ia)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COLOT	TANCE	 			1			
· - · · · · · · · · · · · · · · · · · ·					OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regular Division have been complied with and									· • -	
is true and complete to the best of my l				Date	Annenia	d				
				Dall	e Approve		Record O	973	 -	
S.m. Jan	aus			D.			ord O	· ·		
Signature L. M. Sanders Supv.,	Regula	tion &	Proration	∥ By_			Recu-		 	
Prized Name	vekara		rioration	Ħ		Lor				
10-18-90	(9	15) 368		Title	·			 		
Deta			nose No	1i						

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.