

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-111
RECEIVED

OCT 30 '89

O. C. D.
ARTESIA, OFFICE

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FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

I. OPERATOR

Operator: Southwest Royalties, Inc.

Address: P. O. Box 11390, Midland, Tx 79702

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership Other (Please explain): Change of Operator Effective Oct. 1, 1989

If change of ownership give name and address of previous owner: STEVE SEII
Merexco, Inc., P. O. Box 481, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>Cal-Mon</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Loco Hills, Q, GR, SA</u>	Kind of Lease State, Federal or Fee	State	Lessee No. <u>LG 4524</u>
Location Unit Letter <u>L</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u>					
Line of Section <u>16</u> Township <u>18S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Phillips 66 Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>9C1 Adamx Bldg, Bartlesville, OK</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Nat. Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>1040 Plaza Office Bldg, Bartlesville, OK</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? Who?

IV. COMPLETION DATA

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

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resrv. Dist. Resrv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, CR, 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.)	<u>Tested ID3</u> <u>11-24-89</u> <u>CHG OP</u>
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	
		Choke Size	Gas - MCF

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

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.

St. Alley (Signature)
Agent (Title)
10-26-89 (Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 24 1989

BY ORIGINAL SIGNED BY
MIKE WILLIAMS
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 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 RULE 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.