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

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  
Effective 1-1-85

RECEIVED

OCT 30 '89

Operator Southwest Royalties, Inc. G. C. B.  
ARTESIA OFFICE

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

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

New Well  Change in Transporter of: Oil  Dry Gas  Change of Operator

Recompletion  Casinghead Gas  Condensate  Effective Oct. 1, 1989

Change in Ownership

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

**II. DESCRIPTION OF WELL AND LEASE**

|   |                      |  |   |                            |
|---|----------------------|--|---|----------------------------|
| Lease Name<br><u>Mary Wolfstate</u>   | Well No.<br><u>3</u> | Pool Name, Including Formation<br><u>West Millman-Grayburg</u> | Kind of Lease<br>State, Federal or Free State | Lease No.<br><u>LG-465</u> |
| Location<br>Unit Letter <u>N</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> |                      |  |   |                            |
| Line of Section <u>12</u> Township <u>19 S</u> Range <u>27E</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"/><br><u>Amoco</u>                 | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Box 591, Tulsa, OK 74102</u>           |      |      |   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>Phillips 66 Nat. Gas Co.</u> | Address (Give address to which approved copy of this form is to be sent)<br><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? <input type="checkbox"/> |

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

**IV. 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, CR, etc.)          | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |             |              |
| Perforations                                |                             |          |                 |          |        | Depth Casing Shoe |             |              |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |          |                 |          |        |                   |             |              |
| 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 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.) |   |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size  |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF <u>POSTED ID3<br/>11-24-89<br/>Ckg OP</u> |

**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            |

**VI. 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.

At       
(Signature)  
Agent  
      
(Title)  
10-26-89  
(Date)

OIL CONSERVATION COMMISSION  
NOV 24 1989

APPROVED \_\_\_\_\_, 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.