## DISTRICT | P.O. Box 1980, Hobbs, NM \$8240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

## OIL CONSERVATION DIVIS

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

RECEIVED

1000 Rio Brizos Rd., Aziec, NM \$7410					0,50	, , , , , , , , , , , , , , , , , , ,			101 22	30	67	
L.	HEQU				BLE AND			ION	O. C. D	1	00	
Operator		TO TAX	HNOP	OHI OIL	AND NA	TUHAL	GAS	Walt	HARLA OF			
SOUTHWEST ROYALTIES,	SOUTHWEST ROYALTIES, INC.							1	0-015-04287			
Address						<del></del> -			0 013-0	7201	······································	
407 N. Big Spring, S		o, Mid	land	, Texas	79701							
Reason(s) for Filing (Check proper box) New Well		<b>A</b> :-	. <b></b>		Outs	es (Please e	explain)					
Recompletion	Oil	Change in	Dry G									
Change is Operator	Casinghea	d Gas 🗍	Conde		Effe	ective	Date	. 54	entembe	r 1, 199	20	
If change of operator give name and address of previous operator PH	ILLIPS F	PETROLI	EUM (	COMPANY	, 4001 F							
				0011111111	, +001 1	CHDLO	JK JL	reer	Udess	a, Texas	79762	
IL DESCRIPTION OF WELL Lease Name	AND LE		Pool ?	Name Inchut	ing Formation			Vind o	( Lease	1	ease No.	
Arnold -E				-				Mex Federal ot/Beax		LC-028992-E		
Location ()	889	3					1.0	<del></del> -			·	
Unit Letter	:	J 	_ Feet F	Cross The	outh Lim	23 <b>bad</b> :	10.	Fe	et From The	East	Line	
Section 23 Townsh	17	7S		30E			Eddy					
Section Towns	ip.		Range		<u>, N</u>	MPM,		<del></del>			County	
III. DESIGNATION OF TRAI	NSPORTE	ROFO	IL AN	UTAN D	RAL GAS							
Name of Authorized Transporter of Oil	Navajo Refining CoPipeline Div.				Address (Give address to which approved				copy of this form is to be sent)			
Navajo kerinin	y to				P.O. E	30x 15	9, Ar	<u>tesi</u>	a, New I	Mexico,	88210	
Name of Authorized Transporter of Casi Phillips 66 Na	i <b>ghead Gas</b> tural Ga	XX as Comi	or Dry nanv	Gas	Address (Give	e <i>eddress u</i> Donbno	which a	pproved	copy of this f	orm is to be se	int)	
If well produces oil or liquids,	Unit	Sec.	Twp	Rec	is gas actually	v connected	JK 31	When		TX 7976	)2	
give location of tanks.	0	23	17:	S   30E			•		•			
If this production is commingled with the	from any oth	er lease or	pool, g	ive comming	ing order numb	ber:						
IV. COMPLETION DATA	<del></del>	Oil Well		Gas Well	New Well	Workove				<u> </u>		
Designate Type of Completion	- (X)	Oil well	' i	CES WELL	I LASA METI	i mourone	ין ו	cepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to	Prod.		Total Depth				P.B.T.D.	<del> </del>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations												
741444									Depth Casin	g Shoe		
	Ţ	UBING.	CASI	ING AND	CEMENTI	NG REC	ORD		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE					DEPTH SET				SACKS CEMENT			
	<del></del>			<del></del>								
	+	<del></del>						· · · · · · · · · · · · · · · · · · ·	<del> </del>	<del></del>		
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	:	1				l			
OIL WELL (Test must be after	recovery of to	tal volume	of load	oil and must	be equal to or	exceed top	allowabi	e for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Rua To Tank	Date of Test				Producing Method (Flow, pump, gas lift, et				<b>1</b> C.)			
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure				Choke Size			
•												
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF			
	<u> </u>	<del></del>		<del></del>	<u> </u>				<u> </u>			
GAS WELL Actual Prod. Test - MCF/D												
Vermi Lion Leit - MCL/D	Leagur of	Length of Test				Bbis. Condensate/MMCF				Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size				
	<u> </u>				ļ <u>,</u>		<del></del>			<del> </del>		
VL OPERATOR CERTIFIC				NCE		)II ((	TNICE	EDV.	ATION	DIVISIO	<b>N</b> I	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							וכמוכ	= 17 7	ATION	DIVISIO	N	
is true and complete to the best of my	knowledge at	nd belief.	~u =201		Data	Anne	اممر		, A.			
And d					Date	Date Approved						
Signature					ByTitle							
L. M. Sanders Supv.	, Regula	ation (	& Pr	oration	J,			Ø.	3'	<del></del>	<del></del>	
Printed Name 1 0/18/90		15) 0	Title	/ 0.0	Title			egt.				
1 V/ 1 U/ 3 U	( ;	915) 3	00-1	400	11			₹				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Deta

- 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.

Telephone No.

- 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.