Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department RECEIVED

SEP 07 '90

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

DISTRICT II P.O. Drawer DD, Artenia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III	38	nta re, new M	icalco 6/3). C. D.		
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWA	BLE AND	AUTHORI	ARTE ZATION	SIA, OFFICE		
I		NSPORT OF						
Operator						API No.		
SOUTHWEST ROYALTIES		30-015-20597						
407 N. Big Spring,	Suite 300. M	idland TX	79701					
Reason(s) for Filing (Check proper box)	34.46 300, 11	Tatalla, TX		her (Please expla	zin)		· · · · · · · · · · · · · · · · · · ·	
New Well	Change in	Transporter of:			,			
Recompletion	Oil L	Dry Gas 📙	_		_	_		
Change in Operator X If change of operator give name Dill.	Casinghead Gas	Condensate	E	ffective	Date:	January	1, 1990)
and address of previous operator PHII	<u>LIPS PETROLE</u>	UM COMPANY,	4001 P	enbrook,	Odessa,	Texas	79762	
IL DESCRIPTION OF WELL	AND LEASE	,						
Lease Name Well No. Pool Name, Include						of Lease No.		
Parke 4 Fed Location	1 1	Grayburg-	<u>Jackson-</u>	SR-Q-G-S	A State,	Federal or Fee	NM-0	74937
0	_ : 660		Cauth	1000				
Unit LetterU	: 000	Feet From The	South Li	ne and 1980	Fe	et From The _	<u>East</u>	Line
Section 10 Townshi	p 17S	Range 30E	. N	IMPM.	Edd	v		County
						7		County
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	01							· · · ·
Navajo Refining Compa	^			ve address to wh				
Name of Authorized Transporter of Casing	ghead Gas X	or Dry Gas	Address (Gi	Box 159. we address to wh	Artesia	a. New Mo	exico 8	38210
Phillips 66 Natural G				enbrook.				nu)
if well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp. Rge.	is gas actual	ly connected?	When		13102	
		17S 30F	<u> </u>		<u>i</u> .			
this production is commingled with that in the complete of the	from any other lease or p	ood, give comming	ling order nur	ber:				
TO COM LEGICAL DATA	Oil Well	Gas Well	New Well	Workover	<u> </u>			
Designate Type of Completion	- (X)	i	I IVEW WELL	Morrover	Doepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compi. Ready to	Prod.	Total Depth	•		00.70		<u> </u>
OF BER DT CD			1			P.B.T.D.		
Sentions (DE BKB PT CD etc.)	None of Bratagina Fa		Top Orlean			P.B.1.D.		
Sevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	rmation	Top Oil/Gas	Pay		Tubing Depth		
	Name of Producing Fo	metica	Top Oil/Gas	Pay		Tubing Depth		
erforations	TUBING,	CASING AND		NG RECORI	D	Tubing Depth		
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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
- 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.