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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

SEP 07 '90

DISTRICT III
1000 Rio Brazos Rd. Azrec NM. 87410

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

Santa Fe, New Mexico 87504-2088

I.						AUTHOR TURAL G		O. C. D.	CE		
Operator	Well API No.										
SOUTHWEST ROYALTIES, INC. Address 407 N. Big Spring, Suite 300, Midland, TX					30-015-20612						
Reason(s) for Filing (Check proper box)	Suite.	300, M1	lala	na, IX	79701	her /Diseas	J_:_x				
New Well		Change in	Transp	orter of:		her (Please exp	(aur)				
Recompletion	Oil	_	Dry G	ias 🔲	_						
Change in Operator X If change of operator give name DUTE	Casinghea		Conde			ffective)	
and address of previous operator PHII	LLIPS PE	ETROLEL	<u>IM</u> C	OMPANY,	4001 P	enbrook,	0dessa	, Texas	79762		
IL DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name					ing Formation			of Lease		ease No.	
Parke-# Fed Location		3	<u>Gr</u>	ayburg-	Jackson	G-SA	-State;	Federal er Fe	* NM−C	74937	
Unit LetterI	_ :1	1980	Feet F	rom The _S	outh rin	ne and6	60 <u> </u>	et From The	East	Line	
Section 1() Townshi	i p 179	<u> </u>	Range	30F	, N	IMPM,	Edc	ly		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		R OF OII	LAN	ID NATU							
Navajo Refining Compar	I X I			icion		ve address to w					
Name of Authorized Transporter of Casing	ghead Gas		or Dry		Address (Gi	BOX 159 we address to w	hich approved	a. New	Mexico	88210	
Phillips 66 Natural Ga						enbrook				'-'	
If well produces oil or liquids, give location of tanks.	Unit		Гwp. 179		is gas actual	ly connected?	When				
If this production is commingled with that	from any other	10 cr lease or po		J	ling order num	her					
IV. COMPLETION DATA			, 6	··· ··································	ang oroca acan						
Designate Type of Completion		Oil Well	_ i_	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	i. Ready to I	Prod.		Total Depth			P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					L			Depth Casing Shoe			
		IIRING C	12 A.	NG AND	CEMENTI	NC PECOP					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									CHOIG CEMENT		
	 										
	 				 						
/. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	······································	L			1			
OIL WELL (Test must be after n			load o	oil and must					for full 24 hour	·s.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ше		Choke Size	Poste	1 ID-	
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF	Cha	OP	
GAS WELL					<u> </u>						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATION CER				ICE	(אים ווכ	וטבטווי	ATION!	טוטוז יים	 NI	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONCERNATION DIVICION Date ApprovedSEP_1_4_1990					•	
It House					Date	Approve	d <u> S</u>	Ch T 4	1990		
Signature		4 :	···		∥ By_	OB	GINAL SI	NED RV			
5 Colonor Pountion man					By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name 9.5-90 9.1-6.81.9937					Title SUPERVISOR, DISTRICT IF						
Date	112-00	Teleph	one N	lo. —							
filling account of the control of th	F				11						

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.

- 1- 14 14