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Appropriate District Office
DISTRICT 1
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 e Instructions

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1000 RIG BRIZOS Rd., AZIEC, NM 8/410	REQUEST F	OR ALLOWA	RI F AND AUT	HODIZAT	I∩Mor.	2. C D.		V
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Operator	10111	ANDI ONI OI	- AND INATUR	AL GAS	307-11-43			
	C THC /				Well A	Pi No.		
SOUTHWEST ROYALTIE	5. INC. /				_30-	215-206	533	
1	C '. 200 .	41.13 1					-	
407 N. Big Spring,	Suite 300, N	Andland, IX	79701					
Reason(s) for Filing (Check proper box)			Other (Ple	ase explain)				
New Well	Change is	Transporter of:						
Recompletion	Oil	Dry Gas 📙						
Change in Operator	Casinghead Gas	Condensate	Effec	tive Dat	e:	January	/ 1. 1990)
If change of operator give name DLITI	I TDS DETBOLD	LIM COMPANY						
and address of previous operator PHI	<u>LLIPS PETROLE</u>	COMPANY,	4001 Penbr	ook, ude	essa,	lexas	79762	
II. DESCRIPTION OF WELL	AND LEASE							_
Lease Name	Well No.	Pool Name, Includ	na Formation	₁	V: 1.6	,		
Arco Fed	2	1	-	0.00	Kind of	Lease ederal or F o	_ 1	ease No.
Location		1 Grayburg-c	lackson SR-Q	<u>-G-SA</u>			NM-0	74936
<u> </u>	1000							
Unit Letter G	_ : <u> </u>	_ Feat From The $_$	orth Line and _	<u> 1980 </u>	Feet	From The	East	Line
Section 1/ Townshi	<u>p 17S</u>	Range 30E	, NMPM,	Edd	ĺγ			County
								3323
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	XX or Conde	nexte	Address (Give addre	ss to which ap	proved c	ony of this f	orm is to be se	et]
Navajo Refining Compa		Division						•
Name of Authorized Transporter of Casin	ghead Gas XX	or Dry Gas	P. O. Box	109 Ar	tesio	1. New	Mexico	88510
Continental Oil Compa		2., 02.	Address (Give addre					nt)
if well produces oil or liquids,	Unit Sec.	T	Box 2197.	<u> Houston</u>			001	
give location of tanks.	Out Sec.		is gas actually conne	cted?	When?			
Sphin - handa in a second of the state of		17S 30E	<u> </u>					
f this production is commingled with that	from any other lease or	pool, give commings	ing order number:					
V. COMPLETION DATA								
Decionate Time of Completion	Oil Well	Gas Well	New Well Work	over Dec	epen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	11		1 1	i	i		i	
Date Spudded	Date Compi. Ready to	tate Compi. Ready to Prod.		Total Depth		P.B.T.D.		
					- 1			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	LANDS OF LIGORGING IG	71211HILLOUIS	TOP OBOES LEY					
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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 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.