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

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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

SEP 07 '90

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410					iexico 6/30						
	REQ				BLE AND			O. C. (
I. Operator		TOTAL	INSP	UH I UI	L AND NA	TURAL G		ARTESIA, OI	FICE		
SOUTHWEST ROYALTIES	Well API No. 30-015-21493										
Address 407 N. Big Spring,	Suite	300. M	idlar	nd TX	79701						
Reason(s) for Filing (Check proper box)	34100	300, 11	10,01	14, 17		es (Please exp	lain)				
New Weil		Change in	-	_							
Recompletion	Oil Cosinolo	U	Dry Ga Conder		C.f	factivo	Data.	1200200	. 1 100/	^	
W. A. S.	Caninghe							<u>-</u>	y 1, 1990	J	
and address of previous operator PHII	LLIPS F	PETRULE	UM CO	JMPANY,	, 4001 Pe	enbrook,	Udessa	, lexas	79762		
IL DESCRIPTION OF WELL	AND LE		1								
Lease Name	Well No. Pool Name, Includi						d of Lease Lease No.				
Parke-G Fed		1 1	r 2dn	are Lak	ce-G-SA				<u> LC-06</u>	50524	
Unit LetterE	_ :19	980	. Feet Fr	om The _	lorth Line	and66	<u>0</u>	et From The	West	Line	
Section 9 Townshi	p 175	S	Range	30E	, NO	ирм,	Eddy			County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	(XX)	or Conden				e address to w	hich approved	copy of this	form is to be se	ent)	
	jo Refining Company - Pipeline Division				P. O. Box 159. Artesia. New Mexico Address (Give address to which approved copy of this form is so be					38210	
Name of Authorized Transporter of Casin Phillips 66 Natural G	-	XXI Vae	or Dry	Gas	Address (Giw	e <i>address to w</i>	hich approved	Copy of this	form is to be se	ini)	
If well produces oil or liquids,	as comp Unit	Sec.	Twp.	Rge.			Odessa.		/9/62		
give location of tanks.	E	9	17S	30E	1		_ '''	· _			
If this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, giv	e comming	ling order numb	per:					
Designate Type of Completion	- 00	Oil Well	10	Sas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod		Total Depth	<u> </u>	<u></u>	P.B.T.D.	l	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas F	bay yes		Tubing Depth			
erforations											
								Depth Casir	og Shoe	,	
		TUBING,	CASI	NG AND	CEMENTE	NG RECOR	D	<u> </u>			
HOLE SIZE						DEPTH SET		SACKS CEMENT			
·····											
V. TEST DATA AND REQUES											
OIL WELL (Test must be after n Date First New Oil Run To Tank	Date of Te		of load o	il and must	Producing Me				for full 24 hou	rs.)	
	D2 2 0. 10	•				2.00 (1.1011, p.			reste	SID-3	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size 9 - 14 - 90				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			GAL-MCF GMg 07				
GAS WELL	1			· -	I			<u> </u>	•		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COM	TTAN	CE	 			1	·	 	
ereby certify that the rules and regula				CE	C	DIL CC:	CERV	ATION		N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedSEP_1 4 1990						
St. Harris	-				Date	Approve	a	T. T	,,,,,,,		
Signature	<u></u>				∥ By_		GINAL SU	ANED BY			
SC Garner Eperation Mgr. Printed Name Title					MEC. WALL NOS Title SUPERVICOR, DISTRICT II						
75-90 S	915-6	<u>86- 25</u>	27		I MIE -	<u> </u>	<u>Envioun</u>	, DISTRIC	. 1 . 61		
Date		Telep	pacae N	o .	H						

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.