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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

RECEIVED Form C-104 Revised 1-1-89

DISTRICT II P.O. Drawer DD, Antesia, NM 88210	•	P.O. Box 2088 Santa Fe, New Mexico 87504-2088							SEA OL 20		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REOL		•		BLE AND AUTHORIZATION			Ø. C. D. ARTESIA, OFFICE			
I.					L AND NA						
Operator DOVAL TIES	THE	./					1	<b>VPI No.</b> 015-2374	17		
SOUTHWEST ROYALTIES Address	s, INC.					<del></del> .	30-	015-23/	+/		
407 N. Big Spring,	Suite 3	300, Mi	d 1 an	d, TX	79701						
Reason(s) for Filing (Check proper box) New Well		Change in T	TRANSPORT	rter of:	☐ Orp	es (Please exp	lain)				
Recompletion	Oil		Dry Gar								
Change in Operator	Casinghead		Conden				Date:		1, 1990	<u> </u>	
If change of operator give name and address of previous operator PHIL	<u>LIPS P</u>	ETROLEU	<u>M CO</u>	MPANY,	<u>4001</u> Pe	enbrook,	Odessa.	, Texas	79762		
IL DESCRIPTION OF WELL	AND LEA										
Lease Name		1			ling Formation	Cicco		of Lease Federal or Fo	, –	ease No.	
Green-B Meda		12	веат	r Gras	s Draw -	CISCO			◆  NM-14	84/	
Unit Letter 0	_ :9	90 1	Feet Fre	on The _	South Lin	e and23	10 Fe	et From The	East	Line	
10 -	. 170										
Section 18 Townshi	ip 17S		Range	29E	, N	мрм,	Eddy			County	
III. DESIGNATION OF TRAN				D NATU							
Name of Authorized Transporter of Oil		Or Condens					<i>vhich approved</i> , Odessa			int)	
Phillips Petroleum Co Name of Authorized Transporter of Casin			or Dry (	Gas 🗔			which approved			ent)	
Phillips 66 Natural G	as Comp			<u> </u>			<u>, Odessa</u>	, Texas			
If well produces oil or liquids, give location of tanks.	Unsit	Sec.   1	Г <b>wр.</b> 179	Rge.   29E	1 -	y connected?	Whea	?			
If this production is commingled with that	<del></del>					ber:	1				
IV. COMPLETION DATA								······································			
Designate Type of Completion	- (X)	Oil Well	ļG	ias Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		i. Ready to I	Prod.		Total Depth	<u> </u>	_1	P.B.T.D.	<u> </u>		
Fire one (DE DER DE CR. vo.)	Name of B	oducing For			Top Oil/Gas	Day			<del></del>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	concern con						Tubing Depth			
Perforations	<u></u>				<u>.</u>			Depth Casin	ng Shoe		
		TIDDIC (	74 CD	IC AND	CEMENT	NC BECO	PD	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
		Ondition Toballa digg									
	<del></del>				ļ			ļ			
V. TEST DATA AND REQUES					· •						
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Tes		fload o	il and mus			llowable for thi pump, gas lift, i		for full 24 hou	75.)	
	<b>Date</b> 01 100	- 						,	Dostu	ID-	
Length of Test	Tubing Pres	saure			Casing Press	me		Choke Size	9-14	1 ID-:	
ctual Prod. During Test Oil - Bbls.				<del></del>	Water - Bbls.			Gas-MCF Chg. OP			
	On Pole										
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Cest			Bbls. Conder	nate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
annual transfer (hunt) annu la 1		,	•			\ <b></b>					
VL OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	CE		011 00	NOCOL	ATION			
Division have been complied with and						OIL UU	NCERY	ATION:	الدائد .	אוע	
is true and complete to the best of my			aDUVE		Date	a Anorous	ed	ED 1 A	1990		
Op H.					Dale	a whhina	<b>ви</b>	<del>                                      </del>		-	
Signature	<del></del>				By_	ORMO	SINAL SIG	NED BY			
Signature Signature District Name District Name	ratio	u M	gr			Mix	T YELLIAK FRVISORU	NS THSTRATI	T 19		
Printed Name		•	LITIC		11	×1 1-2	医医牙氏结肠征	111111	, 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.

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.