

District I
PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Reg. Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104

Revised October 18, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address SOUTHWEST ROYALTIES, INC. P.O. BOX 11390 MIDLAND, TEXAS 79702		OGRID Number 021355
		Reason for Filing Code RC
API Number 30-0 15 23747	Pool Name Barney Smith (Wolfcamp)	Pool Code 96417
Property Code 10634	Property Name Green B Federal	Well Number 12

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
0	18	17S	29E		990	South	2310	East	Eddy

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code F	Producing Method Code F	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
034019	Phillips 66 Co.	2436510	0	Unit 0-18-17S-29E
		2436530	G	Same as Above

IV. Produced Water

POD	POD ULSTR Location and Description
2436550	0-18-17S-29E Green B Federal

V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations	DHC, DC, MC
11-18-81	3-31-97	10,740	8592	7676-7840	
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		
17-1/2"	13-3/8"	460	500	Post FO. 2	
11"	8-5/8"	2615	700	5-16-97	
7-7/8"	5-1/2"	10740	1300	1st & 2nd casing	
	2-3/8"	7600		completed	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
4-1-97	--	4-22-97	27 hrs	300	Pkr.
Choke Size	Oil	Water	Gas	AOF	Test Method
16/64"	241	0	165	--	F

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Beverly Hatfield*
Printed name: BEVERLY HATFIELD
Title: REGULATORY COORDINATOR
Date: 4-23-97 Phone: 915 686-9927

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Title:

Approval Date:

MAY 5 1997

* If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all oil volumes to the nearest whole barrel.
at 15.025 PSIA at 60°.

A request for allowable for a newly drilled or deepened well must be
accompanied by a tabulation of the deviation tests conducted in
accordance with Rule 111.

All sections of this form must be filled out for allowable requests on
new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for
changes of operator, property name, well number, transporter, or
other such changes.

A separate C-104 must be filed for each pool in a multiple
completion.

Improperly filled out or incomplete forms may be returned to
operator unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will be
assigned and filled in by the District office.

Reason for filling code from the following table:

RC New Well
CH Recompletion
AO Change of Operator (include the effective date.)
CO Add oil/condensate transporter
AG Change oil/condensate transporter
CG Add gas transporter
RT Change gas transporter
RT Request for test allowable (include volume requested)

If for any other reason write that reason in this box.

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion. NOTE: If the
United States government survey designates a Lot Number
for this location use that number in the "UL or lot no. box."
Otherwise use the OCD unit letter.

The bottom hole location of this completion

Lease code from the following table:

F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

The producing method code from the following table:

F Flowing
P Pumping or other artificial lift

MO/DAYR that this completion was first connected to a
gas transporter

The permit number from the District approved C-129 for
this completion

MO/DAYR of the C-129 approval for this completion

MO/DAYR of the expiration of C-129 approval for this
completion

The gas or oil transporter's OGRID number

Name and address of the transporter of the product

The number assigned to the POD from which this product
will be transported by this transporter. If this is a new well
or recompletion and this POD has no number the district
office will assign a number and write it here.

Product code from the following table:

G Gas
O Oil

The ULSTR location of this POD if it is different from the
well completion location and a short description of the POD
(Example: "Battery A", "Jones CPD", etc.)

The POD number of the storage from which water is moved
from this property. If this is a new well or recompletion and
this POD has no number the district office will assign a
number and write it here.

The ULSTR location of this POD if it is different from the
well completion location and a short description of the POD
(Example: "Battery A Water Tank", "Jones CPD Water
Tank", etc.)

MO/DAYR drilling commenced

MO/DAYR this completion was ready to produce

Total vertical depth of the well

Plugback vertical depth

Top and bottom perforation in this completion or casing
shoe and TD if openhole

Write in "DHC" if this completion is downhole commingled
with another completion. "DC" if this completion is one of
two non-commingled completions in this well bore, or "MC"
if there are more than three non-commingled completions
in this well bore.

48.

The previous operator's name, the signature, printed name,
and title of the previous operator's representative,
authorized to make this report, the date this report was
signed, and the telephone number to call for questions
about this report

47.

The signature, printed name, and title of the person
authorized to make this report, the date this report was
signed, and the telephone number to call for questions
about this report

46.

The method used to test the well:
F Flowing
P Pumping
S Swabbing

45.

Gas well calculated absolute open flow in MCF/D

44.

MCF of gas produced during the test

43.

Barrels of water produced during the test

42.

Barrels of oil produced during the test

41.

Diameter of the choke used in the test

40.

Flowing casing pressure - oil wells

39.

Shut-in tubing pressure - oil wells

38.

Length in hours of the test

37.

MO/DAYR that the following test was completed

36.

MO/DAYR that gas was first produced into a pipeline

35.

MO/DAYR that new oil was first produced

34.

If the following test data is for an oil well it must be from a test
conducted only after the total volume of load oil is recovered.

33.

Number of sacks of cement used per casing string

32.

Depth of casing and tubing. If a casing liner show top and
bottom.

31.

Outside diameter of the casing and tubing