NO. OF COPIES RECI	7			
DISTRIBUTIO				
SANTA FE				
FILE	1-			
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
I RANGE OR I ER	G A S			
OPERATOR	12			

	SANTA FE							EW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE					Form C-104 Supersedes Old C-104 and C-110		
	FILE								AND			Effective 1-1-65			
		U.S.G.S.						TO TRA	NSPORT	OIL AND N	NATURAL G	AS 🗄 🖭 l	VEC	Ž	
	LAND OFFICE	1 011	7	$\vdash \vdash \vdash$											
	TRANSPORTER	GAS	/	$\vdash\vdash$								MN 26	1067		
	OPERATOR	1 3 7 3	12	\vdash		구선생활 결								. 0 1307	
1.															
1.	Operator														
	Southwest P	Southwest Production Corporation													
	Address	Address 1201 West McGaffey, Roswell, New Mexico													
					swell,	New M	Mexico			<u> </u>					
	Reason(s) for filing ((Check p	roper	box)	a.					Other (Please	explain)				
	New Well														
		Recompletion Oil Dry G Change in Ownership Casinghead Gas Conde													
	Change in Ownership	PL				Jileda G	<u> </u>	Conder	isute						
	If change of owners	hip give	e nan	ne											
	and address of previous owner														
II.	DESCRIPTION O	F WEL	I. A!	ND I	EASE										
	Lease Name	· · · · · ·			Well N	Vo. Poc	ol Name, In	cluding F	ormation		Kind of Lease			Lease No.	
	Lowe "A" S	tate			1		Artes	sia <u>- 8</u>	San And	res	State, Federal	tate, Federal or Fee State OG 5940			
	Location														
	Unit Letter	Nn	; <u>3</u>	<u> 30</u>	Feet	From Ti	he Sout	hLin	e and	2310	Feet From T	he West			
		22			10	_		_	An.			_			
	Line of Section	33		Town	nship 18	5	F	lange 2	28E	, NMPM		<u> </u>	ddy	County	
***	DECICNATION O	E TENA	N'C D	ODT	ED OF O	IT AN	D MATTI	DAT CA	e						
ш.	DESIGNATION O						nsate		Address	Give address	to which approv	ed copy of th	is form is to	be sent)	
	Permian Cor						_		P.O.	Box 3119	, Midland	. Texas			
	Name of Authorized	-	rter o	f Casi	Inghead Gas	<u> </u>	or Dry Ga	ıs 🗀	Address	Give address	to which approv	ed copy of th	is form is to	be sent)	
						_		_	İ						
	If well produces oil	or Hauld	-		Unit	Sec.	Twp.	P.ge.	ls gas ac	tually connect	ed? Whe	n			
	give location of tank		٠,	i	uNu						1				
	If this production is	s commi	nøled	d with	that from	anv ot	her lease	or pool.	give comm	ingling order	r number:				
	COMPLETION DA														
	Designate Typ	ne of C	omn	etion	n = (X)	OII W	ell G	as Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Res'v.	
		————					X ;		X	1		P.B.T.D.	<u> </u>		
	Date Spudded				Date Comp		•		Total De			1	^		
	12-4-66 Elevations (DF, RKE	D D. C.			Name of Pr				277			2762 Tubing Dep			
	P			/					2670	345 [4)		' '			
	GL 3556 KB 3561 San Andres Perforations 2670,71, 85, 86, 98, 99, 2700, 26, 27,						27	30 35	36		2731 Depth Casing Shoe				
	Periorations 2070,71, 87, 80, 90, 97, 2700, 20, 27,							, ~,	JU 9 JJ	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2778			
						TUB	ING. CAS	ING. AND	D CEMENTING RECORD			 			
	HOLE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT							
	9-5/8"				7'	11				547		2.50			
	6 1 n				4 1 11				2778				100		
					2.	-3/8"	· · · · · · · · · · · · · · · · · · ·			2731					
							·		<u>i</u>			<u> </u>			
V.	TEST DATA ANI	D REQ	UES	T FO	R ALLO	WABL						ind must be e	iqual to or e	xceed top allow-	
	OIL WELL Date First New Oil I		D == 1- =	₇	Date of Te		able	jor this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
			unks			_			_						
	12-26-0	00			1-10-			·	Pump:	tesame rug		Choke Size	,		
	24 hrs.													1	
Actual Prod. During Test					Oil-Bbls.				Water - B)	ols.		Gas-MCF			
	61 1		5:	5				6		Nil					
	' <u> </u>														
	GAS WE														
	Actual Prod. Test-	MCF/D			Length of	Test			Bbls. Co	ndensate/MMC	F	Gravity of	Condensate	ł	
												ļ			
	Testing Method (pite	oi, back	pr.)		Tubing Pre	essue (shut-in)	Casing P	ressure (Shut	-1 n }	Choke Size	1	1	
					:				 			<u> </u>			
/I.	/I. CERTIFICATE OF COMPLIANCE								OIL (CONSERVA	TION CO	MMISSION	4		
									APPROVED						
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						APPROVED, 19								
							BY W. Cl. X LESSE W								
	(Signature)							DIL END BAS INSPECTOR							
								This form is to be filed in compliance with RULE 1104.							
								If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation							
Agent (Title)							tests taken on the well in accordance with RULE 111.								
							All sections of this form must be filled out completely for allow-								
	1-22-67 (Date)								able on new and recompleted wells.						
								Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.							
				,	,				Separate Forms C-104 must be filed for each pool in multiply						
										completed wells.					