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District Office

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Land Office	
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Operator	

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-22758
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MERRI BTRY #1
8. Well No. 1
9. Pool name or Wildcat ATOKA GLORIETA - YESO

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator SOUTHWEST ROYALTIES, INC. (21355)
3. Address of Operator P.O. BOX 11390, MIDLAND, TX 79702	4. Well Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 34	Township 18S	Range 26E	NMPM	EDDY	County
10. Elevation (Show whether Df, RKB, RT, GR, etc.)					

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: PERF & ACID. & LOG <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

8-18-94 RAN GR/CCL FROM 3695' - 2700'; PERF 3586', 3590', 3594', 3624', 3628', 3646', 3650', 3653', 3661', 3682', 3698' (13 HOLES). SPOT 100 GALS 15% NEFE ACROSS PREFS 3586' - 3689'. FRAC W/6200 GALS FRAC ID30 FLUID AND 10000# SD.

8-22-94 PERF UPPER YESO 2796', 2800', 2802', 2804', 2806', 2808', 2810', 2812', 2851', 2856', 2880', 2892', 2896', 2898', 2934', 2936', 2943', 2954', 2956', 2982', 2984', 2990', 2994', 2996', 3002' & 3004' (27 HOLES).

8-23-94 SPOT 200 GALS 15% NEFE ACROSS PERF'S 2796' - 3004'. FRAC W/16000 GALS FF AND 36000# SD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kate Ellison TITLE REGULATORY ASST. DATE 12-1-94
TYPE OR PRINT NAME KATE ELLISON (915) 686-9927 ext. 238 TELEPHONE NO.

(This space for State Use)

APPROVED BY Jim W. Guen TITLE District Supervisor DATE 12/8/94
CONDITIONS OF APPROVAL, IF ANY:

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Southwest Royalties, Inc.	Well API No. 30-015-22758
Address P.O. Box 11390, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
EFFECTIVE 11-1-93	
If change of operator give name and address of previous operator O'Blue Corp., P.O. Box 11045, Midland, TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Merri BTRY1	Well No. 1	Pool Name, including Formation Atoka Glorieta - Yeso	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter J : NW/4 SE/4 : 1980 Feet From The South Line and 1980 Feet From The East Line				
Section 34	Township 18S	Range 26E	NMPM	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88221					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5058, Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 34	Tw. 18S	Rge. 26E	Is gas actually connected? Yes	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Re'sv	Diff Re'sv
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
						Part ID-3		
						11-19-93		
						shg up		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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 Don P. Tate V.P. Land
Printed Name Don P. Tate Title
Date 10/01/93 (915) 686-9927
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV - 4 1993
By ORIGINAL SIGNED BY
Title MIKE WILLIAMS
SUPERVISOR, DISTRICT II

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.