Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210		_	P.O. Bo			1					
DISTRICT III		Santa	Fe, New Mo	exico 8750	04-2088		Ĉ. ¹, D	١			
REQUEST FOR ALLOWABLE AND AUTHORIZATION											
I.			SPORT OIL								
Operator			i	API No.	24	118					
Southwest Royal Address	ties, In	ic.				3	0-015- 0 2	2476			
P.O. Box 11390,	Midland	1. TX 7	9702								
Reason(s) for Filing (Check proper box)		7 222 7	2102	Ou	ner (Please exp	lain)					
New Well		Change in Tra	• —								
Recompletion	Oil Casinghead		y Gas 🔲 ndensale 🗍		EFFECTI	VE 11-1-	93				
If change of operator give name					 						
and address of previous operator	stue Cor	p., P.O	Box 110	45, Mid	Land, TX	79702					
II. DESCRIPTION OF WELL									L		
Lease Name Merrill	Well No. Pool Name, Including				•			$\overline{\mathcal{A}}$	Le	ase No.	
Location			Atoka GIO	rieta - Yeso State,			Federal or Fe				
Unit Letter A	: <u>NE/4</u>	30 NE/4 Fe	et From The 💯	2 <i>R.</i> 44 Lin	e and9 4	90 Fe	et From The	EH	57	- Line	
Section 34 Township	p 18S	Ra	nge 26E	, N	мрм,	Eddy				County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Condensate			e address to w	hich approved	copy of this f	orm is t	o be sen	u)	
Navajo Refining Compar	ιγ			P.O. Drawer 159, Artesia, NM 88					221		
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved				o be sen	u)	
GPM Gas Corporation If well produces oil or liquids,	I Unit I (Sec. Tw	B	·	30x 5058			OK	7400)4	
give location of tanks.	Unit S	•	.8S 26E	Yes	y connected?	When	7				
If this production is commingled with that	from any other										
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same	Res'v	Diff Res'v	
Date Spudded	<u>, ` ´ l</u>	Ready to Pro	1 d.	Total Depth	1	-l	P.B.T.D.	<u> </u>		J	
Elevations (DF, RKB, RT, GR, etc.) Name of Produci			tion	Top Oil/Gas Pay			Tubing Depth				
Perforations	<u> </u>							g Shoe		-:	
							Depar Cash	g Silve			
•	π	JBING, CA	SING AND	CEMENTI	NG RECOR	D	<u> </u>				
HOLE SIZE	DEPTH SET			SACKS CEMENT							
***************************************							You	TI	<u>2-3</u>	<u>, </u>	
	 						11-	12-	23		
· · · · · · · · · · · · · · · · · · ·								I y	2		
V. TEST DATA AND REQUES	T FOR AL	LOWABI	LE				1 6	<u>/ /</u>			
OIL WELL (Test must be after re				be equal to or	exceed top all	owable for this	depth or be j	for full :	24 hours	r.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	ethod (Flow, pi	ump, gas lift, e	(c.)				
Length of Test	Tubing Press			Casing Press	100		Choke Size				
Length of Test Tubing Pressure											
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
O O MIDLE	L	***************************************		·	w		l <u></u>				
GAS WELL Actual Prod. Test - MCF/D	I anoth of Ta	.=1		Dhia Candan	A A A A A C C C		Gravity of C		ļ		
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			e asono.	Me		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
	1	//	_								
VI. OPERATOR CERTIFICA	ATE OF	COMPLI	ANCE								
I hereby certify that the rules and regulations of the Car Conservation Division have been complied with and that the information given above					DIL CON	ISERVA	ATION	DIVI	SIO	N	
Division have been complied with and t is true and complete to the best of my k	halt the information	ation given at belief.	ove			10	511	4000			
	K			Date	Approve	dN	0V - 4	1333			
		/		_				ļ			
Signature John D. Works					By ORIGINAL SIGNED BY						
Jon P. Tate V.P. Land Printed Name Title					MIKE WILLIAMS						
10/01/93	1	915) 68		Title	SUPE	RVISOR, [DISTRICT	11		·	
Date	<u>\</u>	Telephor									

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 overalor well some or number, tra