mit 5 Copies
propriate District Office
STRICT 1
O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

KELZIVE

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

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

OIL CONSERVATION DIVISION MOV - 3 1953 P.O. Box 2088 Santa Fe, New Mexico 87504-2088

2 . D.,

DISTRICT III

I.	REQUEST TO TI				BLE AND A						
Operator						Well API No.					
Southwest Royal		30-015-24444									
Address D.O. Boy 11300	Midland m	r 70	חדת	2							
P.O. Box 11390, Reason(s) for Filing (Check proper box)	MIGIANG, T	<u>X /:</u>	<u>970</u>	<u> </u>	Othe	er (Please explo	ain)				
New Well	Chang	e in Trat	sport	ter of:		. (0 10000 0470	,				
Recompletion	Oil	Dry	Gas			EFFECTIV	JR 11-1-	93			
Change in Operator	Casinghead Gas	Con	dens	ale 🗌				, 0			
If change of operator give name and address of previous operator	Blue Corp.,	P.O.	В	эх 110	45, Midl	and. TX	79702			·	
•							12102				
II. DESCRIPTION OF WELL. Lease Name	g Formation Kind of Lease Lease No.										
Merrill BTRY	Well N		rieta -	Veso	f Lease No. Federal of Fee						
Location	1980	1				1000					
Unit Letter H	SE/4 NE/	4-Fee	From	m The 🏄	OR+h_Line	and 66	O F.	et From The	EAST	•	Line
2.4	100										.Laire
Section 34 Township	, 18S	Ran	ge	26E	, NN	ирм,	Eddy			Coun	ıty
III. DESIGNATION OF TRAN	CDADTED AE	OH A	MID	NATE	DAL CAC						
Name of Authorized Transporter of Oil		densate	ZIAD	NATU		e address to wh	ich approved	copy of this t	orm is to be s	eni)	
Navajo Refining Compan	P.O. Drawer 159, Artesia, NM 88221										
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)						
GPM Gas Corporation						P.O. Box 5058, Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.					1 -		?				
<u> </u>	B 34	18		26E	Yes						
If this production is commingled with that in IV. COMPLETION DATA	from any other lease	or pool,	give	comming	ling order numb	er:					
Designate Type of Completion	- (X)	/eli	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Re	es'v
Date Spudded	Date Compl. Read	y to Proc	i.		Total Depth		I	P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas F	^a y	Tubing Depth				
Perforations					•		Depth Casing Shoe				
TUBING, CASING AND					CEMENTIN	NG RECOR			· · · - · ·		
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SAÇKS CEM	ENT	
							Post 10-3				
						·	+	11-19-73			
	 				<u> </u>	· · · · · · · · · · · · · · · · · · ·		-	chy op		
V. TEST DATA AND REQUES	T FOR ALLO	WABL	E		1			I	01		
OIL WELL (Test must be after re				and must	be equal to or	exceed top allo	wable for this	depth or be	for full 24 how	rs.)	
Date First New Oil Run To Tank		Producing Method (Flow, pump, gas lift, etc.)									
·								`r <u>= </u>			
Length of Test	Tubing Pressure				Casing Pressu	re	Choke Size	Cnoke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF				
	Oil - Bois.										
GAS WELL	1				<u></u>	<u>.</u>		<u></u>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	ate/MMCF		Gravity of C	ondensate	· · · · · · · · · · · · · · · · · · ·	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	A DE OF COX	API IA	NI	TF.	1			I			
I hereby certify that the rules and regula					C	IL CON	SERV	NOITA	DIVISIO	NC	
Division have been complied with and that the information given above											
is true and complete to the best of my k	nowlodge and belief	•			Date	Approved	J N	OV - 4	1993		
(// //						FF. 3.30					
					By_		INAL SIG	NED BV			
Signature Jon P. Tate V.P. Land					-, -	ORIG MILE	MAL SIG	мен от — S		-	
Printed Name Title					MIKE WILLIAMS Title SUPERVISOR, DISTRICT II						
10/01/93) 686									
Date	7	[elephon	c 1/0	•	H						

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.