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

State of New Mexico Energy, Minerals and Natural Resources Depa ent

-CLEIV.

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 P.O. Box 2088

NOV - 3 19:3

DISTRICT III	S	anta Fe, New M	lexico 8750	04-2088	;	24 (2) 24 (2) 24 (2) 24 (2)			
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION						and the state of t		
I. TO TRANSPORT OIL AND NATURAL GAS									
Operator	Well						***	w # * * * * * * * * * * * * * * * * * *	
Southwest Royalties, Inc.				30-015-24626					
Address		·····							
P.O. Box 11390,	Midland, TX	79702							
Reason(s) for Filing (Check proper box)			Oth	ner (Please expl	zin)				
New Weil		in Transporter of:		DDDDAMTI	170 AA A	0.7			
Recompletion Change in Operator		Dry Gas		EFFECTI	/E 11-1-	-73			
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	Wall No Deal No.				Kind	nd of Lease No.			
Feddell	1	Atoka Glo	rieta -	Yeso		State, Federal of Fee			
Location	340								
Unit LetterB	_ :_ NW/4_NE//	Feet From The 🖊	OP 1/2 Line	$_{\rm e and} $	10 E	et From The	EMSI	Line	
					1°	æt riom rike .		Line	
Section 35 Townshi	p 18S	Range 26E	, NI	мрм,	Eddy	<u> </u>		County	
III DESIGNATION OF TRAN	CDODTED OF C	NT A \$100 \$1 A 000 F	D.1. 0.0						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	01				7.4			- 	
Navajo Refining Compar	1 X I		Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casin	Address (Giv	P.O. Drawer 159, Artesia, NM 88221 ddress (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas or Dry Gas 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,	Unit Sec. Twp. Rge. Is gas actually connected? When?							04	
give location of tanks.	B 35	18S 26E	Yes		i				
If this production is commingled with that from any other lease or pool, give commingling order number:									
IV. COMPLETION DATA									
Designate Type of Completion	Oil Wel	I Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready t	o Prod	Total Depth				L		
•	The complete states of		l come Depar			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Top Oil/Gas Pay			Tubing Depth				
					Tubing Depth				
Perforations							Depth Casing Shoe		
							-		
		, CASING AND	CEMENTIN	NG RECORI)				
HOLE SIZE	CASING & T	UBING SIZE		DEPTH SET		s	ACKS CEM	ENT	
						Pari	TD-	3	
					7	11-	<u>-19-93</u>	<u>, </u>	
						~	hy on		
V. TEST DATA AND REQUES	T FOR ALLOW	ARIF	<u> </u>		· · · · · · · · · · · · · · · · · · ·		0/		
-			he equal to or	exceed ion allow	unhla for this	denth or he f	or 6.11 24 hour	1	
Date First New Oil Run To Tank	Date of Test	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
			,, p						
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test Oil - Bbls.		Water - Bbis.			Gas- MCF				
						<u> </u>			
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				

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.

Testing Method (pitot, back pr.)

Signature Jon P. Tate	V.P. Land			
Printed Name	Title			
10/01/93	(915) 686-9927			
Date	Telephone No.			

OIL CONSERVATION DIVISION

Date Approved _______NOV - 4 1993

By ______ORIGINAL SIGNED BY

Title ______MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Choke Size

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Tubing Pressure (Shut-in)

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Casing Pressure (Shut-in)

- 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.