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

015 Revised 1-1-89 See Instructions

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

OIL CONSERVATION DIVISION P.O. Box 2088

MOV - 3 19-3

-6- EIV.

DISTRICT III				
1000 Rio Brazos Rd	Attec	NM	27410	

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Southwest Royalties, Inc. 30-015-24629 Address P.O. Box 11390, Midland, TX 79702 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Dry Gas REFECTIVE 11-1-93 Change in Operator ليا Casinghead Gas Condensate 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 Well No. | Pool Name, Including Formation Lease Name Kind of Lease Lease No. State, Federal or Fee Fedell Atoka Glorieta - Yeso Location 1650 990 : EE/4 NE/4 Feet From The MORIN Line and _ Unit Letter ___ Feet From The Township 18S Section 35 Eddy Range , NMPM, 26E County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Navajo Refining Company P.O. Drawer 159, Artesia, NM 88221 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 GPM Gas Corporation If well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When? give location of tanks. В Yes 35 18S 26E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well | Cas Well | New Well | Workover Deepen Plug Back | Same Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **HOLE SIZE** SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** ID-3 11-19-9 11/ V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Choke Size Casing Pressure **Tubing Pressure** Actual Prod. During Test Gas- MCF Water - Bbls. Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shul-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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 any knowledge and belief. NOV - 4 1993

Signature

Date

Printed Name

Jon P. Tate

10/01/93

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.

By_

Title_

Date Approved ____

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT II

MIKE WILLIAMS

2) All sections of this form must be filled out for allowable on new and recompleted wells.

V.P.

Title

Telephone No.

Land

686-9927

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes. Money by filed