

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

RECEIVED

OCT 30 '89

I.

Operator		Southwest Royalties, Inc.		O. C. D.	
Address		P. O. Box 11390, Midland, Tx 79702		ARTESIA OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	<input type="checkbox"/>	Change in Transporter of:		Change of Operator	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Effective Oct. 1, 1989	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>		
If change of ownership give name and address of previous owner		STEVE SEII Morexco, Inc., P. O. Box 481, Artesia, NM 88210			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Cal-Mon	Well No.	4	Pool Name, including Formation	Loco Hills, Q, GR, SA	Kind of Lease	State, Federal or Fee	State	Lease No.
Location	Unit Letter M, 1650 Feet From The West Line and 1650 Feet From The South								
Line of Section	16	Township	18S	Range	29E	NMPM,	Eddy	County	LG 4524

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Phillips 66 Company		Address (Give address to which approved copy of this form is to be sent)		9C1 Adamx Bldg, Bartlesville, OK	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips 66 Nat. Gas Co.		Address (Give address to which approved copy of this form is to be sent)		1040 Plaza Office Bldg, Bartlesville, OK	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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 Reelv.	Diff. Reelv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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				

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Posted IPB 11-24-89
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	Chg OP

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*At Seii*  
(Signature)

Agent

(Title)

10-26-89

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 24 1989  
BY ORIGINAL SIGNED BY  
MIKE WILLIAMS  
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.