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U.S.G.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

OCT 30 '89

O. C. D.
ARTESIA, OFFICE

1. Operator
Southwest Royalties, Inc.

Address
P. O. Box 11390, Midland, Tx 79702

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Change of Operator

Effective Oct. 1, 1989

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

Lessee Name Cal-Mon	Well No. 6	Pool Name, including Formation Loco Hills, Q, GR, SA	Kind of Lease State, Federal or Fee	Lessee No. LG 4524
Location Unit Letter <u>N</u> , <u>1650</u> Feet From The <u>West</u> Line and <u>467</u> Feet From The <u>South</u>				
Line of Section <u>16</u> Township <u>18S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Phillips 66 Company	Address (Give address to which approved copy of this form is to be sent) 9Cl Adamx Bldg, Bartlesville, OK
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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, GR, 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

posted ID3
11-24-89
phg vp

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

NOV 2 1989

APPROVED

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 allowance 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 allowance 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.