O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departme

RECEIVED

RICT II Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

5 '90 DEC

D13 I	717	. Ш.			
1000	Rio	Brazos	Rd., Aztec,	NM	87410

Southwest Royalties Inc. Address 407 N. Big Spring, Midland Texas 79701-4326 Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Chevron U.S.A. Inc. P.O. Box 1150, Midland Texas 79702 IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease Name					
Address 407 N. Big Spring, Midland Texas 79701-4326 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Effective Date 12/1/90 Change in Operator Casinghead Gas Condensate If Change of operator give name and address of previous operator Chevron II.S.A. Inc. P.O. Box 1150, Midland Texas 79702 IL DESCRIPTION OF WELL AND LEASE					
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Casinghead Gas Condensate If change of operator give name and address of previous operator Chevron II.S.A. Inc. P.O. Box 1150, Midland Texas 79702 II. DESCRIPTION OF WELL AND LEASE	<u> </u>				
Recompletion Oil Dry Gas Effective Date 12/1/90 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Chevron U.S.A. Inc. P.O. Box 1150, Midland Texas 79702 II. DESCRIPTION OF WELL AND LEASE					
Change in Operator Casinghead Gas Condensate Effective Date 12/1/90 If change of operator give name and address of previous operator Chevron II.S.A. Inc. P.O. Box 1150. Midland Texas 79702 II. DESCRIPTION OF WELL AND LEASE					
U. DESCRIPTION OF WELL AND LEASE					
	-1				
Lease Name Well No. Pool Name Including Formation Kind of Lases 1					
North Hackberry Yates Unit 109 North Hackberry Yates SR Mile & Lease NM 06766					
Location	<u>'</u>				
Unit Letter : 1705 Feet From The South Line and 1650 Feet From The West	Line				
Section 24 Township 19S Range 30E , NMPM, Eddy Co	ounty				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil x or Condensate Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Co. P.O. Box 2528 Hobbs, New Mexico 88240	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Catinghead Gas Chevron (Used on Lease) Or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ? give location of tanks.					
f 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 Res'v Diff	Res'v				
Date Spudded Date Compi. 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	Tubing Depth				
Perforations Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD					
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT					
Vost 710-3	 				
$\mathcal{L} \rightarrow \mathcal{L} \neq 0$	Cho. O. O. day . U-S. J.				
C.C.S. Chas. G.	<u> </u>				
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 Tank 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/MMCF Gravity of Condensate					
esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size					
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION	OIL CONSERVATION DIVISION				
Division have been compiled with and that the information given above					
is true and complete to the best of my knowledge and helief	Date Approved				
(/) k II Date Addroved	ORIGINAL SIGNED BY				
ORIGINAL SIGNED BY					
Date Approved	<u> </u>				

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.

Telephone No.

(915) 688-992

- 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.