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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

State of New Mexico ergy, Minerais and Natural Resources Depart.

RECEIVED

JAN 24 '91

Form C-104 Revised 1-1-89 See Instructions at Bottom of Pa

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION TESIA, OFFICE

••	}	UIMA	11121	JOH I OIL	. ANU NA	I UHAL GA	15				
Operator			_ /	/	 		Well /	API No.			
Southwest Royaltie	s Incor	porate	<u>d ′</u>			***					
P. O. Drawer 11390	Mi al	and m	N 7	0702							
Reason(s) for Filing (Check proper box)	- MIGI	anu, 1	Α /	9702	Orb.	- /Diana	-:Y				
New Well		Change in	Trans	porter of:		t (Please expid	w.				
Recompletion	Oil		Dry	• —							
Change in Operator	Casinghead	Gas 🗌	_	icessie	Ef	fective	date -	2-1-91			
If change of operator give name and address of previous operator	ion Oil	Compa	ny	of Calif	ornia -	P. O. Bo	x 671 -	Midland	d. TX 79	i 702	
IL DESCRIPTION OF WELL					······································						
Lease Name	ng Formation Kind o			f Lesse Lesse No.							
Federal "F"		1	Sh	ugart Ya	tes 7 Rv	rs on GF	BG State,	Federal or Fe	LC-0	62085	
Location											
Unit Letter A	_ :	660	Feet	From The \underline{n}	orth Lin	and66	<u>0</u> Fe	et From The	east	Line	
Section 31 Township 18-S Range 31-E					N.TI	APM.		Eddy County			
				<u> </u>		nrw.		Lady		County	
III. DESIGNATION OF TRAN				ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	1.7	or Condea				e address to wi				mi)	
Texas-New Mexico Pip					P. O. Box 1510 - Midland, TX 79702						
Name of Authorized Transporter of Casinghead Gas			or D	ry Gas	Address (Give address to which approved						
If well produces oil or liquids.	Phillips Petroleum Company reliproduces ail or liquids, Unit Sec. Twp.			l Par	4001 Penbrook - Odess						
give location of tanks.	I A	31	•	-S 31-E	Ye		When	6-9-60	1		
If this production is commingled with that	from any othe				1	_		0-3-00			
IV. COMPLETION DATA		_		_							
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Doepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compi. R.			Prod	,	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Cas	Pav		7.1.			
						. – ,		Tubing Depth			
Perforations					 -			Depth Casing Shoe			
		UBING.	CAS	ING AND	CEMENTI	NG RECOR	n	!			
HOLE SIZE CASING & TUBING SIZE					CLANZATIO	DEPTH SET			SACKS CEMENT		
								Port ID-3			
								Ź	2-1-91		
								che of			
TROW DATE AND DECLERON DOD AT A COLUMN								J /			
V. TEST DATA AND REQUES OIL WELL Test must be after to											
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Test		of loa	d oil and must					for full 24 hou	P3.)	
Date First New Oil Run 10 12118	Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pres	aure			Casing Press.	ure .		Choke Size		_	
-	ruoing riceanic							·			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF			
				· · · · · · · · · · · · · · · · · · ·	<u> </u>						
GAS WELL	-11										
Actual Prod. Test - MCF/D	Length of T	est			Bbis. Conden	BLE/MMCF		Gravity of (Condensate		
Testing Method (puot, back pr.) Tubing Pressure (Shut-in)					Casing Press.	me (Shut-in)		Choke Size			
						(0.1.0. 1.2)					
VI. OPERATOR CERTIFIC	ATE OF	СОМР	LIA	NCE				*			
hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					FAST OF FARM						
is true and complete to the best of my knowledge and belief.					Date ApprovedJAN 2 5 1991						
Jean Elli	0					1-1					
					By ORIGINAL SIGNED BY						
Signature 		Agent			-, -	·		al signe Tillams			
Printed Name Title					Title SUPERVISOR, DISTRICT IT						
January 23, 1991				4-6381					× 1 Var (1)		
Date		ો લંઘ	phone	r 40.		•	•			4 +	

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.
- 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.