

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

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

C/S
P/T
G/T
JAN 24 '91

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

I. Operator Southwest Royalties Incorporated

Address: P. O. Drawer 11390 - Midland, TX 79702

Reason(s) for Filing (Check proper box)
New Well ☐ Other (Please explain) ☐
Recompletion ☐ Change in Transporter of:
Change in Operator ☒ Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐ Effective date - 2-1-91

If change of operator give name and address of previous operator Union Oil Company of California - P. O. Box 671 - Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "F"	Well No. 2	Pool Name, including Formation Shugart Yates 7 Rvrs on GRBG	Kind of Lease State, Federal or Fee	Lease No. LC-062085
Location Unit Letter B : 660 Feet From The north Line and 1980 Feet From The east Line Section 31 Township 18-S Range 31-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas-New Mexico Pipe Line Company	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas Phillips Petroleum Company	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook - Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 31
	Twp. 18-S	Rgn. 31-E
	Is gas actually connected? Yes	
	When? 6-9-60	

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 Res'v	Diff Res'v
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		
							Post ID-3		
							2-1-91		
							chy op		

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
Testing Method (puot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Jean Ellison
Printed Name Jean Ellison
Date January 23, 1991
Agent
Title
(915) 684-6381
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 25 1991
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.