

DISTRIBUTION			
SANTA FE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FILE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LAND OFFICE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TRANSPORTER	OIL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRODUCTION OFFICE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Form C-104
Superseding Oils C-103 and C-111
Effective 1-1-65

RECEIVED BY

OCT 17 1984

O. C. D.
ARTESIA, OFFICE

W. J. Sweatt

Address
P.O. Box 827 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change of operator from Mewbourne Oil Company to W. J. Sweatt

Change of ownership give name and address of previous owner
Mewbourne Oil Corp. Box 7698 Tyler, Texas 75711

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Sun Fed #4	1	1/4 Hackberry Yates - SF	State, Federal or Fee	Fed LC-063642-A
Location				
Unit Letter	N	2310 Feet From The West Line and 990 Feet From The South		
Line of Section	20	Township 19S	Range 31E	NMPM, Bddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Corp. 34019	Box 791 Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	20	19S	31E	no	

This production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviations (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

TEST DATA AND REQUEST FOR ALLOWABLE
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

Post # D-3
10-19-84
Chg. Op.

AS WELL

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

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.

W. J. Sweatt
(Signature)

Operator

(Title)

10-8-84

(Date)

OIL CONSERVATION COMMISSION

OCT 18 1984

APPROVED _____, 19

BY _____ ORIGINAL SIGNED

BY LARRY BROOKS

TITLE _____ GEOLOGIST - NMOCB

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 allowables 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.