Submit 5 Copies
Appropriate District Office
DISTRICT I Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department RECEIVED m C-104 Revised 1-1-89

FEB 2 7 See Instructions
FEB 2 7 al Boltom of Page

O. C. D. ARTESIA, OFFICE

## OIL CONSERVATION DIVISION

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

DISTRICT III
10(1) Rio Brazos Rd., Aziec, NM 87410

OOO RIO DIEZOS RU., MACC, TUIT OFFIC	REQ						AUTHORIZ					
)perator	TO TRANSPORT OIL A						Well API No.					
SWR Operating Company	у											
200 Crescent Court, leason(s) for Filing (Check proper box)	Suite 13	310, D	allas	, <u> </u>	TX 752	201 Othe	er (Please explo	zin)				
ew Well		Change	in Transp	port	er of:	L		•				
ecompletion	Oil		Dry C					1.101				
hange in Operator	Casinghe	ad Gas	Cond	cns:	ate	EFFECT	rice 1	///9/   TV 70	702			
change of operator give name d address of previous operator	uthwest	Royal	ties,	•	Inc.B	ox 953,	Midland	1, 11 /9	702			
. DESCRIPTION OF WELL	L AND LE										<del></del>	
ease Name		Well No. Pool 1			ol Name, Including Formation hugant (Y.SR.Q.G.)				of Lease Federal or <del>Fee</del>	0652	<b>44</b> 88	
Hodges Federal		1		- 9			<u> </u>					
Unit Letter _P	. 990		Feet 1	Fro	m The SΩ	uthLim	e and <u>330</u>	Fe	et From The _	East	Line	
Section 6 Towns	ship /95		Rang	e	31 E	, NI	MPM, Edd	dy			County	
	a roma tarte	CD OF	OII A	s i Tr		DAT CAC						
II. DESIGNATION OF TRA		or Cond		ND	NATU	Address (Giv	e address to w	hich approved	copy of this for	rm is to be se	nt)	
Enron Oil Trading 8	§ 1	<b>!</b> !				Box 1188, Houston, TX			77251-1188			
lame of Authorized Transporter of Cas	singhead Gas		or Di	гу С	Gas [	Address (Giv	e address to w	hich approved	copy of this for	rm is to be se	nt)	
f well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.		Rge.	ls gas actuali	y connected?	When	?			
this production is commingled with the	at from any o	ther lease of	or pool, 1	give	comming!	ing order num	ber:	l				
V. COMPLETION DATA											- <del>C:::::::::</del>	
Designate Type of Completic	on - (X)	Oil W	ell	G	as 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.		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations						l			Depth Casing Shoe			
		TURING	G. CAS	SIN	IG AND	CEMENTI	NG RECOR	RD	1			
HOLE SIZE		CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQU	EST FOR	ÄLLÖV	VĀBL	Ē					in Jameh an ha f	or full 24 hou	are 1	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of		ne of loa	id o	il and must	Producing M	r exceed top at lethod (Flow, p	nump, gas lift,	etc.)	01 Juli 24 1101	-	
Date Litst Hem Off Ruff to Tally	Date of	i est								post	d II	
Length of Test	Tubing F	Tubing Pressure				Casing Pressure			Choke Size	/ 3-	8-91	
I D. I D. T.	Oil Bu	Oil - Bbls.				Water - Bbls.			Gas- MCF	The	1 11	
ctual Prod. During Test Oil - Bbls.									1	9		
GAS WELL												
Actual Prod. Test - MCF/D	Length (	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
		Tucker bearing (St. of las)					Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Lubing 1	Tubing Pressure (Shut-in)					Caning Freedric (Oriot III)					
VI. OPERATOR CERTIF					ICE		OIL CO	NSERV	'ATION	DIVISIO	NC	
I hereby certify that the rules and r Division have been complied with is true and complete to the best of	and that the in	formation	given ab	ove	<b>:</b>	D-1	a Annea:	od	MAR - 4	1901		
10 true wind complete to the test of	1					Dat	e Approv	eu		1541		
(BL Z	L_	grapher was solds .				ll pu	OPAGI	NAL SIGN	VED BY			
Signature R. T. I VP Care						By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name	ne L	<u>v</u> ,	Titl	le	<b>Y_</b> ·	Title	CHIDD		DISTRICT	19		
2/2/9/		214	- 87/- Telephor	J S	338							
Date			тетериот	ic I,	T. ".	- 11						

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.
- 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.