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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-85

RECEIVED

OCT 30 '89

Operator Southwest Royalties, Inc.		O. C. D. ARTESIA, OFFICE
Address P. O. Box 11390, Midland, Tx 79702		
Reason(s) for filing (Check proper box)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Other (Please explain) Change of Operator Effective Oct. 1, 1989
Recompletion ☐		
Change in Ownership ☒		
If change of ownership give name and address of previous owner Steve Sell Morexco, Inc., P. O. Box 481, Artesia, NM 88210		

Lease Name Eddy GZ		Well No. 1	Pool Name, including Formation West Millman-Grayburg	Kind of Lease State, Federal or Fee	State E-952
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>					
Line of Section <u>12</u> Township <u>19S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian SCURLOCK PERMIAN CORP EFF 9-1-91			Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Tx 77251-1183		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Phillips 66 Nat. Gas Co.			Address (Give address to which approved copy of this form is to be sent) 1040 Plaza Office Bldg, Bartlesville, OK		
If well produces oil or liquids, give location of tanks.			Unit	Sec.	Twp.
			Rge.	Is gas actually connected? ☐ When	

If this production is commingled with that from any other lease or pool, give commingling order number:					
II. COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
		Deepen	Plug Back	Same Reelv.	Diff. Reelv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, CR, 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 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 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

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.	
	(Signature)
Agent	(Title)
10-26-89	(Date)

OIL CONSERVATION COMMISSION	
APPROVED	NOV 24 1989
BY	ORIGINAL SIGNED BY
	MIKE WILLIAMS
TITLE	SUPERVISOR, DISTRICT II
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 allowable 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.	