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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-111
Effective 1-1-65

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)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change of Operator Effective Oct. 1, 1989	
Recompletion <input type="checkbox"/>			
Change in Ownership <input checked="" type="checkbox"/>			

If change of ownership give name and address of previous owner Morexco, Inc., P. O. Box 481, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mary Wolf STATE</u>	Well No. <u>2</u>	Pool Name, including Formation <u>West Millman-Grayburg</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>LG-465</u>
Location Unit Letter <u>M</u> ; <u>990</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>South</u>				
Line of Section <u>12</u> Township <u>19 S</u> Range <u>27 E</u> , NMPM. <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Amoco</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 591, Tulsa, OK 74102</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Nat. Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>1040 Plaza Office Bldg, Bartlesville, OK</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>12</u>	Twp. <u>19</u>	Rge. <u>27</u>
				Is gas actually connected? <u>Y</u>

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 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			

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 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

Tested 11-24-89
L.H.G.P.

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.

A. E. Lucy
(Signature)

Agent

(Title)

10-26-89

(Date)

OIL CONSERVATION COMMISSION

NOV 24 1989

APPROVED _____, 19

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.