

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 1-1-65

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OCT 30 '89

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Southwest Royalties, Inc.
Address
P. O. Box 11390, Midland, Tx 79702
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Castinghead Gas ☐ Condensate ☐
Change in Ownership ☒ Other (Please explain)
Change of Operator
Effective Oct. 1, 1989
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 JMD STATE Well No. 3 Pool Name, including Formation West Millman-Grayburg Kind of Lease State, Federal or Fee State Lease No. K-422
Location
Unit Letter J, 2310 Feet From The East Line and 1650 Feet From The South
Line of Section 12 Township 19S Range 27E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Amoco Address (Give address to which approved copy of this form is to be sent)
P. O. Box 591, Tulsa, OK 74102
Name of Authorized Transporter of Castinghead 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

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, 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

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 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/MMCF 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.
Agent
10-26-89
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 24 1989
BY ORIGINAL SIGNED BY
TITLE MIKE WILLIAMS
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.