

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

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator ROYAL OIL LTD. CO	Well API No. 30-015-26837
Address P.O. BOX 1100, HOBBS, NEW MEXICO 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator W. R. ERICKSEN P.O. BOX 1100, HOBBS, NEW MEXICO 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SIVLEY STATE	Well No. 1	Pool Name, Including Formation MILLMAN-0-GB-SA	Kind of Lease State,	Lease No. K4093
Location Unit Letter M : 330 Feet From The SOUTH Line and 330 Feet From The WEST Line Section 17 Township 19S Range 29E , NMPM , EDDY 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"/> NAVAJO REFINING	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159, ARTESIA, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS	Address (Give address to which approved copy of this form is to be sent) 1625 W. MARLAND, HOBBS, N.M. 88240					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 17	Twp. 19S	Rge. 29E	Is gas actually connected?	When?

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 Res'v	Diff Res'v
Date Spudded 9/13/91	Date Compl. Ready to Prod. 1/17/92		Total Depth 2048'		P.B.T.D. 2030'			
Elevations (DF, RKB, RT, GR, etc.) 3361 GR	Name of Producing Formation QUEEN		Top Oil/Gas Pay 2001'		Tubing Depth 1903'			
Perforations			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	8 5/8"	436	300
8"	4 1/2"	2048	225

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 1-14-94
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 6169

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ROYAL OIL LTD. CO

Signature **W. R. ERICKSEN** AGENT
Print Name
Date **12/1/93** Telephone No. **505-393-6141**

OIL CONSERVATION DIVISION

Date Approved **JAN 11 1994**

By **SUPERVISOR, DISTRICT II**

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.