

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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 Southwest Royalties, Inc.		Well API No. 30-015-27159
Address P. O. BOX 11390 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator NA		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dagger Draw A	Well No. 1	Pool Name, including Formation Dagger Draw, North (Penn)	Kind of Lease State, Federal or (Fee)	Lease No.
Location Unit Letter G : 1650 Feet From The North Line and 1880 Feet From The East Line Section 17 Township 19-S Range 25-E, 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"/> Scurlock-Permian	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corp.	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook Dallas TX 79762	
If well produces oil or liquids, give location of tanks. Unit G	Sec. 17	Range 25-E Is gas actually connected? <input checked="" type="checkbox"/> When? 2-22-93

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-5-92	Date Compl. Ready to Prod. 1-16-93		Total Depth 8000'		P.B.T.D. 7956'			
Elevations (DF, RKB, RT, GA, etc.) 3533' GL 3551' RKB	Name of Producing Formation Cisco Canyon		Top Oil/Gas Pay 7751'		Tubing Depth 7843'			
Perforations 7751'-7758', 7767'-7782'. 2 SPF, 46 holes					Depth Casing Shoe 8000'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4"	9-5/8"		1201'		1272 sx Part ID-2			
8-3/4"	7"		8000'		1550 sx 2-26-93 comp & BH			

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 1-24-93	Date of Test 1-26-93	Producing Method (Flow, pump, gas lift, etc.) Pump 1 1/2" X 24' downhole pump	
Length of Test 24 hrs.	Tubing Pressure 40	Casing Pressure 40	Choke Size NA
Actual Prod. During Test 30 BO	Oil - Bbls. 30	Water - Bbls. 292	Gas - MCF 34

GAS WELL

Actual Prod. Test - MCF/D --	Length of Test --	Bbls. Condensate/MCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) --	Tubing Pressure (Sbust-in) --	Casing Pressure (Sbust-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.

Signature Doug Keathley Engineer
Printed Name Doug Keathley Title 1-800-433-7945
Date 1-5-93 Telephone No. 1-800-433-7945

OIL CONSERVATION DIVISION

Date Approved FEB 22 1993

By Mike Williams

Title SUPERVISOR, DISTRICT II

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.
- 2) 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.