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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Southwest Royalties, Inc. | Well API No.:

Address: Box 953, Midland, TX 79702

Reason(s) for Filing (Check proper box) | Other (Please explain): To add Liquid Transporter

- New Well ☐
- Recompletion ☐
- Change in Operator ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

If change of operator give name and address of previous operator:

II. DESCRIPTION OF WELL AND LEASE

N. Malaga

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Malaga-A	2	~~East Loving~~ Delaware		NA

Location: Unit Letter O : 660 Feet From The North Line and 660 Feet From The West Line

Section 2 Township 24S Range 28E NMPM Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) or Condensate	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Oil Company	Bartlesville, OK 74004
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas (XX)	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					Yes	8-13-91

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
	X					X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Re-4-22-91	8-20-91	13,050	6320

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3016 GL	Delaware	6157	6215

Perforations	Depth Casing Shoe
6157-6231	

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
8-13-91	8-20-91	Flow

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	300 #	PKr.	18/64

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	102	148	100

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, 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.

Signature: Agent

Printed Name: | Title: (915) 684-6381

Date: | Telephone No.

OIL CONSERVATION DIVISION

Date Approved: AUG 30 1991

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.