

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

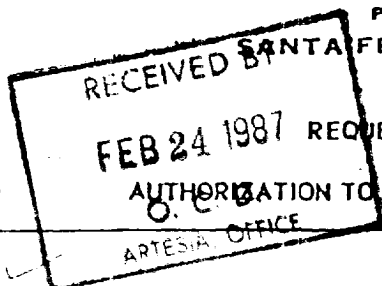
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1



Operator CRW-SWD, INC.

Address 805 One First City Center Midland, Texas 79701

Reason(s) for filing (Check proper box)

| | | | |
|--|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Oil | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate | |
| <input type="checkbox"/> Change in Ownership | | | |

ducting a special cleaning, which is done approx. every 4 mos. Therefore, we are exceeding our normal allow

Other (Please explain)
Request permission to transport 1000 bbls of oil for the month of February 1987. To re turn to 500 bbls for March etc. We are con

change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------------|------------------------|---|---|------------------------------|
| Lease Name <u>Ross Draw SWD</u> | Well No. <u>1</u> | Pool Name, including Formation <u>De:aware</u> | Kind of Lease <u>ROW NM#55685</u> State, Federal or Fee | Lease No. |
| Location | | | | |
| Unit Letter <u>C</u> | <u>660'</u> | Feet From The <u>North</u> | Line and <u>1980'</u> | Feet From The <u>West</u> |
| Line of Section <u>33</u> | Township <u>26S</u> | Range <u>30E</u> | <u>NMPM,</u> | County <u>Eddy</u> |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159 Artesia, NM 88210</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Kala D. Schmidt
(Signature)

Secretary

(Title)

02-10-87

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 26 1987, 19
Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.