

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

PRIVATE &  
CONFIDENTIAL

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Southwest Royalties, Inc.	Well API No. 30-015-27502
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	

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Brushy Draw "A" 35 Fed.	Well No. 3	Pool Name, including Formation Wildcat (Delaware)	Kind of Lease State, Federal or Fee	Lease No. NM 54290
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line Section 35 Township 25-S Range 29-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) P.O. Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon & Gasoline Co.	Address (Give address to which approved copy of this form is to be sent) 201 Main Street Fort Worth, Texas 76102					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 35	Twp. 25-S	Rge. 29-E	Is gas actually connected? No	When? Upon BLM flowline approval.

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 7-1-93	Date Compl. Ready to Prod. 8-1-93		Total Depth 5772'		P.B.T.D. 5747'			
Elevations (DF, RKB, RT, GR, etc.) GL 3026'	Name of Producing Formation Getty (Delaware)		Top Oil/Gas Pay 5638'		Tubing Depth 5683'			
Perforations 5638' - 5655' & 5658' - 5675'					Depth Casing Shoe 5772'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		621'		600 sx			
11"	8-5/8"		3225'		1350 sx			
7-7/8"	5-1/2"		5772'		635 sx - 2 stage w/ DV @ 4982'			

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 8-1-93	Date of Test 8-2-93	Producing Method (Flow, pump, gas lift, etc.) Pump		Per ID-2 1-28-94 comp & BIR
Length of Test 24 hours	Tubing Pressure 50 psi	Casing Pressure 50 psi	Choke Size N/A	
Actual Prod. During Test 393 bbl's	Oil - Bbls. 193	Water - Bbls. 200	Gas - MCF 33	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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  
Ann E. Ritchie, Regulatory Agent  
Printed Name  
8-3-83 (915) 684-6381  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 27 1993

By ORIGINAL SIGNED 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.