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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

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

DEC 13 1993

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Southwest Royalties, Inc.	Well API No. 30-015-27678
Address P.O. Box 11390, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: 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 China Grove Federal	Well No. 1	Pool Name, Including Formation North Brushy Draw-Delaware	Kind of Lease State, Federal or Fee	Lease No. NM 77023
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>T-26-S</u> Range <u>R-29-E</u> , NMPM, <u>Eddy</u> 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 D	Sec. 1	Twp. 26-S	Rge. 29-E
Is gas actually connected? <input type="checkbox"/> No <input type="checkbox"/> When? Upon approval of Right-of-Way				

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					
Date Spudded 9-27-93	Date Compl. Ready to Prod. 10-25-93		Total Depth 5850'		P.B.T.D. 5805'			
Elevations (DF, RKB, RT, GR, etc.) 3052' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 5645'		Tubing Depth 5627'			
Perforations 5645' - 5718'						Depth Casing Shoe 5850'		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" - J-55	610'	Circ to surface 400 sx
11"	8-5/8" - J-55	3230'	Circ to surface 1705 sx
7-7/8"	5-1/2" - K-55	5850'	438' 600 sx

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 11-06-93	Date of Test 11-23-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test 173	Oil - Bbls. 22	Water - Bbls. 151	Gas - MCF 28

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.

Ann E. Ritchie
Signature
Ann E. Ritchie - Regulatory Agent
Printed Name
12-10-93 (915) 686-9927/684-6381
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 22 1993

By SUPERVISOR, DISTRICT II

Title _____

- 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.