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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

Operator Southwest Royalties, Inc. ✓ 21345		Well API No. 30-015-27700
Address P.O. Box 11390, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) 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 10221	Well No. 7	Pool Name, Including Formation North Brushy Draw (Delaware)	Kind of Lease State, (Federal) or Fee	Lease No. NM 54290
Location Unit Letter H : 1800 Feet From The North Line and 660 Feet From The East Line Section 35 Township 25-S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Scurlock Permian Corp. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 Sid Richardson Gasoline Co. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1959, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 35	Twp. 25S	Rge. 29E	Is gas actually connected? No	When? By 1/1/94

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/08/93	Date Compl. Ready to Prod. 12/08/93		Total Depth 5760'		P.B.T.D. 5730'			
Elevations (DF, RKB, RT, GR, etc.) 3029' GR	Name of Producing Formation Getty (Delaware)		Top Oil/Gas Pay 5579'		Tubing Depth 5604'			
Perforations 5612'-5624', 5628'-5633', 5636'-5642', 5645'-5672'					Depth Casing Shoe 5760'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17-1/2"	CASING & TUBING SIZE 13-3/8"		DEPTH SET 601'		SACKS CEMENT 655 SX			
11"	8-5/8"		3203'		1400 SX			
7-7/8"	5-1/2"		5760'		950 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 12/12/93	Date of Test 12/21/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 50 psi	Casing Pressure 50 psi	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 174	Water - Bbls. 137	Gas - MCF 60

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 Steve Garner
Printed Name Steve Garner Title Operations Manager
Date 12/23/93 Telephone No. (915) 686-9927

OIL CONSERVATION DIVISION

Date Approved JAN 21 1994

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.