

Submit 3 Copies  
 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 Back of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS

I. Operator Southwest Royalties, Inc. Well API No. 30-025-06214

Address c/o Box 953 Midland, TX 79702

Reason(s) for Filing (Check proper box)  Other (Please explain)

New Well  Change in Transporter of:  Oil  Dry Gas

Recompletion   Changehead Gas  Condensate  Effective August 1, 1991

Change in Operator

If change of operator give name and address of previous operator SDX, P.O. Box 5061, Midland, TX 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bell Ramsay (NCT-D)</u>	Well No. <u>1</u>	Pool Name, including Formations <u>Eumont Yates 7 Rivers</u>	Kind of Lease <u>Lease, Feehold Fee</u>	Lease No. <u>B-230</u>
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Location: U&L G 1980 Feet From The North 1980 Feet From The East Lea

Section 35 Township 20 S Range 37 E NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Scurlock-Permian</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, TX 77001-1183</u>
Name of Authorized Transporter of Compressed Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589, Tulsa, OK 74100</u>

If well produces oil or liquids, give location of tanks: U&L G 35 20 S 37 E Is gas actually compressed? yes When? Unknown

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res v	<input type="checkbox"/> Diff Res v
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth		
Performances						Depth Casing Shoe		

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 Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (press. 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.

Jean Ellison  
 Signature  
Jean Ellison Agent  
 Printed Name  
7-23-91 Date  
(915) 684-6381 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 25 1991

By ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT SUPERVISOR

Title \_\_\_\_\_

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
  - All sections of this form must be filled out for allowable on new and recompleted wells.
  - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  - Separate Form C-104 must be filed for each pool in multiply completed wells.