BEFORE	EXAMINER CATANACH
OIL CO	NSERVATION DIVISION
OCD	- EXHIBIT NO
case no	12965

. ,

Submit 5 Copies	State of New Mexico Energy, Minerals and Natural Resources Department						r		Form C-104	
Appropriate District Office <u>DISTRICT 1</u>						-		RECEIVED	Revised 1-1-89	
2.0. Box 1980, Hobbs, NM 88240 OIL CONSERV 2.0. Drawer DD, Artesia, NM 88210 REC	EIVED			P.O. Bo	ox 2088		n fi	EB 2 5 10	at Bottom of Page 7	
	000	9 1 <sup>§°</sup>	inta Fe,	New Me	xico 87504	-2088		Э.С. D.	or .	
1000 Rio Brazos Rd., Azec 111 111 10	REQU				LE AND A	-	ZATION	484.2 · · · · · · · · · · · · · · · · · · ·		
I. Operator		O IRA	ANSPC	DRT OIL	AND NAT	URAL GA		PI No.		
SWR Operating Compar	ny /						31	7-015	-05595	
Address 200 Crescent Court	, Suite	1310	, Dal	las, T	X 75201		········			
Reason(s) for Filing (Check proper box) New Well		Change in	1 Transpor	ter of:	U Other	(Please expla	in)			
Recompletion	Oil		Dry Gas		Effect		Ila I			
Change in Operator X If change of operator give name South	Casinghead				$\frac{EFFTC}{0x 953, M}$			2	·	
and address of previous operator								· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL	AND LEA	Vell No.	Pool Na	me. Includi	ng Formation	······	Kind	f Lease	Lease No.	
Keohane etal C Feder	ral	1	Shug	gart (Y	,SR.Q.G.	)	State,	Federal or Fee	29-055648	
Location	660				unter an		•		a.c.t	
Unit Letter	: <u>660</u>	· ······			outhLine :			et From The 上	<u>ast</u> Line	
Section 21 Township	, 185	<u> </u>	Range	51E	, NM	<sub>PM,</sub> Eddy	/		County	
III. DESIGNATION OF TRAN	SPORTE	<u>r of o</u>	IL ANI	) NATU		<u></u>				
Name of Authorized Transporter of Oil		or Conde	nșale		Address (Give				m is to be sent) 88	
Enron Oil Trading & Name of Authonized Transporter of Casing			10n or Dry (	Jas [				77251-11 copy of this for	m is to be sent)	
							·			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	When	7		
If this production is commingled with that f	from any oth	er lease or	pool, giv	e commingi	ing order numbe	r				
IV. COMPLETION DATA		Oil Wel		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v Diff Res'v	
Designate Type of Completion	- (X)			48 WCH		WORDVer	Deepen	FILLE DACK		
Date Spudded	Date Com	d. Ready t	lo Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pa	Top Oil/Gas Pay			Tubing Depth		
erforations							Depth Casing Shoe			
							-	Lepen casing		
					CEMENTIN					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
			·····	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
·	<u> </u>	······································			<u> </u>			<u> </u>		
V. TEST DATA AND REQUES										
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		e of load o	oil and must	be equal to or e Producing Met				r full 24 hours.)	
								· · · · · · · · · · · · · · · · · · ·		
Length of Test	Tubing Pressure			Casing Pressur	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
	1			. <u> </u>	<u> </u>				]	
GAS WELL Actual Prod. Test - MCF/D	Length of	Test	·		Bbis Condens	ate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of Co	anden sate	
	And the second se			Bbis. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CEPTIEIC			DIIAN		<u>ار ا</u>	· · · ·				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					∥ C	OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						NAR - 4 1991				
	2			-	Date	Approve	d		· · · · · · · · · · · · · · · · · · ·	
CBLA		<u> </u>			By -	mil	2 11	then		
Signature <u>C.Bruton</u> Printed Name Title										
Printed Name 2 2/21/9/		14-87	Title	6	Title	<b>34</b> PE	x¥ISQR,	DISTRICT		
Date			lephone N	ło.					. · ·	
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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.