BEFORE EXAMINER CATANACH
OIL CONSERVATION DIVISION

OCD EXHIBIT NO. 10

CASE NO. 12965

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions

Form C-104 Revised 1-1-89 FEB 2 5 1991 at Bottom of Page

ubmit 5 Copies
appropriate District Office
USTRICT I
O. Box 1980, Hobbs, NM NSTRICT II
O. Drawer DD, Artesia, NM 88210

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A SIVISION OIL CONSERVATION DIVISION

P.O. Box 2088

O. C. D.

DISTRICT III	AM 9	19 sa	nta re	, inew ivie	exico 8/50	14-2088	AR	TESIA, OFFI	CE	*	
000 Rio Brazos Rd., Aprec, 1984 87410		JEST FO	OR AL	LOWAE	LE AND	AUTHORI					
•						TURAL G			•		
Operator								API No.			
SWR Operating Company							3	2-015	-057	<u>·3/</u>	
Address 200 Crescent Court, S	uito 1	310 Da	a77ac	TY 7	5201						
Reason(s) for Filing (Check proper box)	uice 1.	310, 00	21143	1/1,/		et (Please expl	lain)	······································	 		
New Well		Change in	Transpo	orter of:	_	•	·				
Recompletion	Oil	, 📙	Dry Ga			Tive	Ilda	,		* .	
Change in Operator	Casinghea		Conder						·		
change of operator give name address of previous operator	thwest	Royali	ties,	Inc Bo	ox 953,	Midland,	TX 797	02			
I. DESCRIPTION OF WELL A	AND LE	ASE			_	4 · f		٠.			
Lease Name		Well No. Pool Name, Including			ng Formation			Kind of Lease Leas			
Nickson/A		1 Shugart (Y.SR.Q.	G.)	State,	State, Federal or Fee		LC064433	
Location										k.	
Unit Letter D	<u>: 660</u>		Feet Fr	om The _N	orth_ Line	e and <u>990</u>	Fo	et From The _	West	Line	
Section 4 Township	198		Range	31E	ATI	мрм.	Eddy	*		Country	
Section 10wilsing	<u>'</u>		Kange		, INI	VIFIVI,				County	
II. DESIGNATION OF TRANS	SPORTE	ER OF O	IL AN	D NATU							
lame of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Enron Oil Trading& Transportation Vame of Authorized Transporter of Casinghead Gas or Dry Gas					Box 1188, Houston, TX 77251-1188 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing	ALCON CAR	السا	or DTA	J#6 []	AUDITES (UIV	e auuress 10 W	nun approved	copy of this Jo	nin w 10 DE \$6	<i>)</i>	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuall	y connected?	When	?			
ive location of tanks.	<u>i i </u>		<u>i i </u>		<u> </u>			<u>i</u>			
this production is commingled with that f	rom any ot	her lease or	pool, gi	ve comming!	ing order num	ber:					
V. COMPLETION DATA		lou was		Gas Well	1 No	l Wasterson	Desires	D	C D	bis park	
Designate Type of Completion	- (X)	Oil Well	' '	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res v	
Date Spudded	Date Corr	ipi. Ready to	Prod.		Total Depth	L	- 	P.B.T.D.	L		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dept	Tubing Depth		
Perforations					L			Depth Casing Shoe			
									•	*	
		TUBING,	CASI	NG AND	CEMENTI	NG RECO	RD				
HOLE SIZE						DEPTH SET	Т	SACKS CEMENT			
<u> </u>	·						 				
	 	`			<u> </u>						
	+				 			ļ			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	,				, '			
OIL WELL (Test must be after r	ecovery of	total volume	of load	oil and must					for full 24 hoi	ers.)	
Date First New Oil Run To Tank	Date of T	'est			Producing M	ethod (Flow, p	ownp, gas lift,	elc.)	٠		
Length of Test	Tubica D	TARRITA			Casing Press	ure	·— ·	Choke Size			
Lougus Of 100t	Tubing Pressure			CHOING FICES	4.0		Succession of the second of th				
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF				
	1				<u> </u>		·	<u> </u>			
GAS WELL		:		-							
Actual Prod. Test - MCF/D	Length of	f Test			Bbls. Conde	nsate/MMCF		Gravity of C	ondensate		
	Tuking Busque (Charles)			Carina Dans (Charter)			Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI ODED ATOD CEDTURE	ATTE	E COL	DT TAY	NTCTT .	{			<u> </u>			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul				IVCE		OIL CO	NSERV	ATION	DIVISIO	ON	
Division have been complied with and	that the inf	ormation giv		/e		•					
is true and complete to the best of my					Date	e Approve	ed M	AR - 4	1901		
~ + 1/					Dail	. بالكان ۱		•	•		
C. D. G.					Bv_	712	be W.	ella			
Signature C. Bry Torl Lunch	_	ND	00-	e/·	by -						
Printed Name			Title		Title	SWPER	RVISOR,	DISTRICT	· //		
2/21/9/	24	214-8	<u> </u>	556	''''	· ————	<u> </u>				
Date	,	Tel	epnone :	INO.	11						

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.