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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
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

RECEIVED
MAY - 6 1991
Form C-104
Revised 1-1-89
See Instructions
at Back of Page
O. C. D.
ARTESIA, OFFICE

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I. REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator: Southwest Royalties, Inc. Well API No. 3001520174
 Address: Box 953, Midland, TX 79702
 Reason(s) for Filing (Check proper box):
 New Well Change in Transporter of: Other (Please explain)
 Recompleted Oil Dry Gas
 Change in Operator Casaghead Gas Condensate
 If change of operator give name and address of previous operator: Conoco, Inc. 10 Desta Dr., Midland, TX 79705 Effective 5-1-91

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Levers Federal Well No. 1 Pool Name, including Formation: Spring U. Penn. Kind of Lease: Federal Other Lease No. NM0454228-A
 Location: Unit Letter E : 1594 Feet From The North Line and 660 Feet From The West Line
 Section 2 Township 21S Range 25E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : Conoco, Inc. Address (Give address to which approved copy of this form is to be sent): Box 2197, PR 2040, Houston, TX 77252
 Name of Authorized Transporter of Casaghead Gas or Dry Gas : Gas Company of New Mexico Address (Give address to which approved copy of this form is to be sent): Box 26400, Albuquerque, NM 87125
 If well produces oil or liquids, give location of tanks: Unit Sec. Twp. Rgn. Is gas actually connected? When?
 E 2 21S 25E yes not available
 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
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		
Perforations							Depth Casing Shoe	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post F.D-3 5-10-91 chy ap

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	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 (pump, back pr.)	Tubing Pressure (Sbit-in)	Casing Pressure (Sbit-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: Jean Ellison
 Agent (Jean Ellison)
 Title: (915) 684-6381
 Telephone No. (915) 684-6381

OIL CONSERVATION DIVISION

Date Approved: MAY 7 1991
 By: ORIGINAL SIGNED BY MIKE WILLIAMS
 Title: SUPERVISOR, DISTRICT II

- 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.