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TRANSPORTER	OIL	
	GAS	
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**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. OPERATOR**

Operator **SOUTHWEST PRODUCTION CORPORATION**

Address **P. O. BOX 936 - ROSWELL, NEW MEXICO 88201**

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>COLL FEDERAL</b>	Well No. <b>2</b>	Pool Name, including Formation <b>CATO SAN ANDRES</b>	Kind of Lease <b>FEDERAL</b>	Lease No.
Location Unit Letter <b>C</b> ; <b>988</b> Feet From The <b>North</b> Line and <b>1656</b> Feet From The <b>West</b>				
Line of Section <b>13</b> Township <b>8S</b> Range <b>30E</b> , NMPM, <b>Chaves</b> County				

**CHANGE OF TRANSPORTER EFFECTIVE JANUARY 1, 1968**

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>MOBIL PIPELINE CO.</b>	<b>BOX 1073 - MIDLAND, TEXAS</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>C 13 8S 30E NO</b>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>7/18/67</b>	Date Compl. Ready to Prod.		Total Depth <b>3610'</b>		P.B.T.D. <b>3600'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>CATO</b>	Name of Producing Formation <b>SAN ANDRES</b>		Top Oil/Gas Pay <b>3555'</b>		Tubing Depth <b>3550'</b>			
Perforations <b>3550-60; 3565-68; 3570-73'</b>				Depth Casing Shoe <b>3610</b>				
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>9-7/8"</b>	<b>7"</b>		<b>727'</b>		<b>200 Sks. circ.</b>			
<b>6-1/4"</b>	<b>4-1/2"</b>		<b>3610'</b>		<b>100 Sks.</b>			

**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)

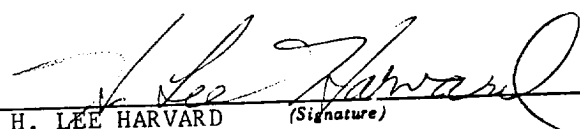
Date First New Oil Run To Tanks <b>9/23/67</b>	Date of Test <b>9/25/67</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMP</b>	
Length of Test <b>24 Hours</b>	Tubing Pressure	Casing Pressure	Choke Size <b>2"</b>
Actual Prod. During Test <b>66 Bbls.</b>	Oil-Bbls. <b>44 BO</b>	Water-Bbls. <b>22 BW</b>	Gas-MCF <b>TST M</b>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
**H. LEE HARVARD** (Signature)

**Exploration Manager**

(Title)

**December 22, 1967**

(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.