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

Form C-104
Supersedes C
Effective 1-1-

SOUTHWEST PRODUCTION CORPORATION	
P. O. BOX 936 - ROSWELL, NEW MEXICO 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

Description of Well and Lease		Kind of Lease	Lease No.
Lease Name	Well No.	State, Federal or Fee	
COLL FEDERAL	2	FEDERAL	
Location		Feet From The	
Unit Letter	C	988	West
Line of Section	13	Township	8S
		Range	30E
		Chaves County	

Designation of Transporter of Oil and Natural Gas		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Box 3119 - Midland, Texas	
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)	
N/A			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	C	13	8S
			30E
			Is gas actually connected?
			NO
			When

If this production is commingled with that from any other lease or pool, give commingling order number:									
COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
X		X		X					
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
7/18/67				3610'			3600'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
CATO	SAN ANDRES			3555'			3550'		
Perforations				Depth Casing Shoe					
9555-60, 3565-68, 3570-73'				3610'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8		7"		727'		200 Sacks. Circ.			
6-1/4"		4-1/2"		3610'		100 Sacks			

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

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

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.

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.

H. LEE HARVARD (Signature)
Exploration Manager

October 17, 1967
(Date)