

Submit 5 Copies
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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <i>Southwest Royalties, Inc.</i>	Well API No.
Address <i>P.O. Box 11390, Midland, Texas 79702</i>	
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☒ Dry Gas ☐ <i>Change of Operator</i> Change in Operator ☒ Casaghead Gas ☐ Condensate ☐ <i>Effective 12-1-90</i>	
If change of operator give name and address of previous operator <i>Brothers Production Company</i>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Johns "B" DE</i>	Well No. <i>6</i>	Pool Name, including Formation <i>Maljamar GB-SA</i>	Kind of Lease State (Federal) or Fee	Lease No. <i>LC059152-B</i>
Location Unit Letter <i>I</i> : <i>1980</i> Feet From The <i>S</i> Line and <i>660</i> Feet From The <i>E</i> Line Section <i>24</i> Township <i>17-S</i> Range <i>32-E</i> NMNM <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <i>Permian Corp.</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 1183, Houston, Texas 77001</i>	
Name of Authorized Transporter of Casaghead Gas ☐ or Dry Gas ☐ <i>NONE</i>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of leaks	Unit <i>I</i>	Sec. <i>24</i>
	Twp. <i>17S</i>	Rge. <i>32E</i>
	Is gas actually connected? ☐ When?	

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	Stems Rev	Diff Rev
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

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of usual volume of liquid oil and must be equal to or exceed top allowable for this depth or be (or 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	Bois. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Sibs-in)	Casing Pressure (Sibs-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 correct to the best of my knowledge and belief.

Signature *Ann E. Ritchie* Agent
Printed Name
Date *11-29-90* *915 6846381*
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____

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.