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 I. Operator SOUTHWEST ROYALTIES Address 407 N. Big Spring, Reason(s) for Filing (Check proper box) New Well Recompletion	REQU	OIL C Sa JEST FO TO TRA	Minerals and M P.O. Inta Fe, New OR ALLOW	ATION Box 2088 Mexico 875 ABLE AND DIL AND NA	nces Depa DIVISIO 504-2088 AUTHORI	ZATION AS Well 7 30-	ምነ No. 025-012		1-1-89	
Change in Operator	Casinghea		Condensate		ffective		······································)	
and address of previous operator <u>PHIL</u>	LIPS P	ETROLE	UM COMPAN	Y, 4001 P	enbrook,	Odessa,	Texas	79762		
IL DESCRIPTION OF WELL	AND LEA		Pool Name, Inc	uding Formation			f Lease		ase No.	
Michel		1		o Morrow			Foderation Fe	1		
Location		660								
Unit LetterC	. :	660	Feet From The	North Li	be and	<u>979 </u> Fo	et From The	West	Line	
Section 13 Townshi	1 6	s	Range	33E ,N	IMPM,	Lea	l		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND NAT	URAL GAS						
Name of Authorized Transporter of Oil		or Condex			we address to wi	hich approved	copy of this j	form is to be se	ni)	
Texas-New Mexico Pipel			or Dry:Gas	P. 0.	Box 421					
Name of Authorized Transporter of Casing Phillips 66 Natural Ga	s Comp	anycp	/E: February M. Gas. Cor		Penbrook	<u>Odessa</u>	Texas	79762		
If well produces oil or liquids, give location of tanks.	Unit	Sec		ge. Is gas actual	ly connected?	When	?	·		
If this production is commingled with that i	from any oth	er lease or		3E - ngling order nun	aber:					
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 Comp	N. Ready to	p Prod.	Total Depth		<u></u>	P.B.T.D.	╃╤╴╶╴╸╴┈╼	- J	
Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casis	ig Shoe		
	Т	UBING,	CASING AN	D CEMENT	CEMENTING RECORD			······································		
HOLE SIZE					DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES	T FOP A	LIOW	ABLE			<u> </u>	l			
OIL WELL (Test must be after n				ust be equal to o	* exceed top all	owable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Ter			Producing N	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres			Casing Pres	Casing Pressure			Choke Size		
				IL/atan Diti	Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			water - Boli	•		Car MCP			
GAS WELL	J			-	<u></u>		<u> </u>	· · · · · ·		
Actual Prod. Test - MCF/D	Leagth of	[est		Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	Casing Pressure (Shut-in)			Choke Size		
In a second the second s								· · · · · · · · · · · · · · · · · · ·		
VI. OPERATOR CERTIFIC. 	tions of the hat the infor nowledge an	Oil Conser mation gived belief.	vation en above		OIL CC: e Approve		1 125 1	. v 19 90		
SC Aleun				Rv	្ន	Dinal Si	ANED BY J	ERRY SEXT	ON	
<u>Signature</u> <u>Signature</u> <u>S. C. Cerrnor Deperation Mign.</u> <u>Printed Name</u> <u>4.5-90</u> <u>915-686.992</u> Date Telephone No.					By DROMAL SIGNED BY JERRY SEXTON DESTRICT I SUPERVISOR					
Printed Name			Title	Title	د					
$U \cap D $	110 11	0] C.	· 2 ``	11						
<u> 4.5-40</u> Date	15-68	<u>86-99</u> Tele	<u>:</u>		·					

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.

¹⁾ Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.