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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

Operator	SOUTHWEST PRODUCTION CORPORATION		
Address	P. O. BOX 936 - ROSWELL, NEW MEXICO 88201		
Reason(s) for filing (Check proper box)	Other (Please explain)		
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"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
MONTIETH STATE	1	E. LOVINGTON STRAWN	State, Federal or Fee STATE
Location	Northeast Lovington, Pennsylvania		
Unit Letter E	1300	Feet From The WEST Line and 1980	Feet From The NORTH
Line of Section 19	Township 16S	Range 37E	NMPM, LEA County

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)		
ADMIRAL CRUDE OIL CORPORATION	CENTRAL BUILDING - MIDLAND, TEXAS		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
SKELLY OIL COMPANY	P. O. BOX 1650 - TULSA, OKLAHOMA		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	E	19	16S
			37E
Is gas actually connected?	When		
NO	AUGUST 15, 1967		

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'v.	Diff. Res'v.
X	X		X		X			
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Re-entered 6/9/67	7/31/67	11,303'		-----				
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
E. LOVINGTON	STRAWN	11,210'		11,234'				
Perforations			Depth Casing Shoe					
11,210 - 20 and 11,234 - 44			11,302'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		2102'		1,000 Sacks			
7-7/8"	5-1/2"		11,202'		800 Sacks			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7/31/67	8/1/67	FLOW	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HOURS	400#	25#	28/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
626 bbls.	626 bbls.	NONE	340

GAS WELL

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

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.

WALTER CLEMENTS, JR. (Signature)
Manager
August 3, 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 Sections I, II, III, and VI only 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

