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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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
SOUTHWEST PRODUCTION CORPORATION

Address
P. O. Box 936, Roswell, New Mexico

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE *Northeast Lovington-Pennsylvanian*

Lease Name Monticoh State	Well No. 2	Pool Name, Including Formation E. Lovington Penn	Kind of Lease State, Federal or Fee State	Lease No. K-3030
Location Unit Letter K ; 1980 Feet From The South Line and 1995 Feet From The West Line of Section 19 Township 16S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Admiral Crude Oil Corp.	Address (Give address to which approved copy of this form is to be sent) 303 V&J Tower - Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650 - Tulsa, Okla.					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 19	Twp. 16S	Rge. 37E	Is gas actually connected? No	When 30 days

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 2-18-68	Date Compl. Ready to Prod. 4-3-68		Total Depth 11,274'		P.B.T.D. 11,244'			
Elevations (DF, RKB, RT, GR, etc.) 3856' DF	Name of Producing Formation Strawn Penn		Top Oil/Gas Pay 11,127'		Tubing Depth 11,125'			
Perforations 11127-135, 11140-144, 11148-150, 11155-160, 11169-174, 11178-182, w/2 SP		Depth Casing Shoe 11,274'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	11-3/4		356'		300			
11"	8-5/8		4355'		400			
7-7/8"	5-1/2		11274'		250 sks			

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 4-2-68	Date of Test 4-3-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure FTP 610#	Casing Pressure Packer	Choke Size 24/64"
Actual Prod. During Test 819 Bbls	Oil - Bbls. 819	Water - Bbls. None	Gas - MCF not recorded

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)
April 5, 1968 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Joe Stamey**
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.

