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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

I.	HEG					AUTHOR					
Operator TO THANSPORT OF						L AND NATURAL GAS Well API No.					
Swift Energy Company		i i			77272	OU					
Address	<u> </u>							30-025-2	2/323	EK	
16825 Northchase Dr	ive, Sı	<u>ite 40</u>	0, H	louston	TX 77	060					
Reason(s) for Filing (Check proper box)						her (Please expl	ain)				
New Well		Change in	7	•							
Recompletion	Oil Casinghe	 	Dry								
If change of operator give name	Casingne	ead Gas	Cond	lensate			· · · · · · · · · · · · · · · · · · ·				
and address of previous operator Ame	rican	Cometr	a, I	nc., 50	0 Throck	morton,	Suite 2	500, For	t Worth	, TX 7610	
II. DESCRIPTION OF WELL	AND LE	CASE									
Lease Name	Well No. Pool Name, Includ				ing Formation Kind			of Lease No.			
Pennzoil							Federal or Fee OG-4765				
Location										20 4 7 <u>05</u>	
Unit LetterC	_ :	1830	_ Feet 1	From The _	West Li	ne and <u>660</u>	· F	et From The	North	Line	
2 1 10 -	. 10	-			_						
Section 18 Townsh	ip 16–	<u>S</u>	Range	e 37-	E , 1	ІМРМ,		Lea		County	
III. DESIGNATION OF TRAN	JCPODTI	ED OF O	TT A7	NT NATT	IDAT CAS						
Name of Authorized Transporter of Oil	XXX	or Conde		TAIL			hich approved	copy of this t	form is to be s	rent)	
Scurlock Permian Cor		on			Address (Give address to which approved copy of this form is to be sent) P.O. Box 3340, Midland, TX 79701-9492						
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)										
J.L. Davis					211 North Colorado, Midland, TX 79701					•	
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec. Twp.						en ?			
	C	18	16-			es		5/91			
f this production is commingled with that IV. COMPLETION DATA	from any oti	her lease or	pool, g	ive comming	ling order nun	iber:					
TV. COMILETION DATA		louw.		G W ")			,	<u> </u>	
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to		Prod.		Total Depth	l	l	DDTD	l		
•		,			,			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of F	Producing Fo	ormatio	n	Top Oil/Gas	Pay		Tubing Dep	th		
•								roomg reput			
Perforations	•							Depth Casin	g Shoe		
	,7	TUBING,	CASI	ING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET SACKS CEMENT					ENT	
	· .										
											
	 				<u> </u>						
. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	- · · · ·	<u> </u>			·			
OIL WELL (Test must be after re	covery of to	otal volume	of load	oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
	<u> </u>										
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Band During Test	Oil - Bbls.			Water - Bbis.			C MCF				
Actual Prod. During Test							Gas- MCF				
	L				L			İ			
GAS WELL Actual Prod. Test - MCF/D											
Actual Prod. 1est - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
esting incured (puot, ouck pr.)							Choke Size				
U ODED ATOR CERTIFIC	ATTE OF	COLE	T T A N	IOD	l			L	<u>.</u>		
I. OPERATOR CERTIFICA	_			NCE	(DIL CON	SERVA	1 NOITA	אועובוכ	M	
I hereby certify that the rules and regula Division have been complied with and t				e]	J.	O		3111010	,, ,	
is true and complete to the best of my k				-	Doto	Approved	1	APR 08	1993		
0081	10				Date	Approved	J		,		
TK-Atternt 7					D		i - 4ê wahe.	l hw			
Signature			3.5		∥ By_	<u></u>	G HINE END IN Galorie				
Jim Stewart Printed Name /	Oper	cations	<u>Man</u> Tide	nager		ب	(÷), : : "F	Ť.			
3/30/93	(713	3) 874–	2700)	Title						
Date		Teler	shone N	<u> </u>	11						

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.

APR 07 1993

OCD HOBBS OFFICE

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