Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

I.			OR ALLOWA							
Operator	erator					Well API No.				
Swift Energy Company Address			30-025-27321 OK							
16825 Northchase Dri Reason(s) for Filing (Check proper box)	ve, Su	ite 400	, Houston	Texas	77060 Ther (Please exp	olain)				
New Well		Change in	Transporter of:	<u> </u>	and the total comp					
Recompletion Change in Operator	Oil		Dry Gas							
If change of operator give name	Casinghe		Condensate	20 81	•					
and address of previous operator Ame II. DESCRIPTION OF WELL			, Inc., 50	JU Throc	kmorton,	Suite 2	500, Fort	Worth,	TX 7610	
Lease Name	ding Formation	ding Formation Kind of			of Lease No.					
Arco State Location	l (Vacuum,				South (Wolfcamp) State,			Federal or Fee E-1582		
Unit Letter P	- ;;	330	Feet From The _	South L	ine and 90	00 Fe	eet From The	East	Line	
Section 16 Township	18-5	S	Range 35-	-E ,1	NMPM,	·····	Lea		County	
III. DESIGNATION OF TRANS		R OF OI	L AND NATI	JRAL GAS	3					
Scurlock Permian Corporation					Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing	P.O. Box 3340 Midland, TX 79701-9492 Address (Give address to which approved copy of this form is to be sent)									
GPM Gas Corporation				1040 Plaza Office Bldg. Bartlesville, OK 740) K 74004	
If well produces oil or liquids, give location of tanks.	Unit P			. Is gas actua	ily connected?	When	?			
If this production is commingled with that fi		16 er lease or p	18-S 35-E	ling order nur	es	i	9-1-82			
IV. COMPLETION DATA	,	Oil Well	Gas Well							
Designate Type of Completion -		Ĺ	i	New Weil	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded .	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations				Depth Casing Shoe						
	Т	UBING. O	CASING AND	CEMENT	NG RECOR	<u>ח</u>				
HOLE SIZE	CASING & TUBING SIZE			CENTERY	DEPTH SET			CKS CEMEN	T	
				 		·				
		******		-						
V. TEST DATA AND REQUEST OIL WELL (Test must be after rec				the equal to a	r exceed ton all	numble for this	doneh on he Coo	6.11.27.1		
Date First New Oil Run To Tank	Date of Test	l		be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	Water - Bbls.			Gas- MCF		
GAS WELL		<u>.</u>								
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	TE OF	COMPL	IANCE					— — — — — — — — — — — — — — — — — — —		
I hereby certify that the rules and regulati Division have been complied with and the	ons of the C	il Conservat	tion		DIL CON	ISERVA	TION DI	VISION		
is true and complete to the best of my knowledge and belief.				Date Approved APR 0 8 1993						
If Hewarf h				ag. Signed by						
Signature Jim Stewart	Onore	tions	Manager	By	rai G	ul Kautz eologis				
Printed Name	opera		<u>Manager</u> itte	Title						
Date 3/30/43	(713)		700 one No.	III IIIE						

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.