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U.S.G.S.		
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

Operator Southwest Royalties, Inc.	
Address P.O. Box 953, Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner	
Other (Please explain) <b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-1-87 UNLESS AN EXCEPTION TO R-1070 IS OBTAINED.</b>	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Mobil State	Well No. 1	Pool Name, Including Formation Vacuum (G-SA)	Kind of Lease State, Federal or Fee State	Lease No. E-1251
Location Unit Letter <u>N</u> ; <u>600</u> Feet From The <u>South</u> Line and <u>1971</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>17S</u> Range <u>34E</u> , NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> JM Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 2500 Allianz Centre Financial 2323 Bryan St. LB 185, Dallas, TX 75201	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 7
	Twp. 17 S	Rge. 34 E
	Is gas actually connected? When Negotiating contract	

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.
Date Spudded 5-8-87	Date Compl. Ready to Prod. 5-30-87	Total Depth 4752 "		P.B.T.D. 4687"					
Elevations (DF, RKB, RT, GR, etc.) 4121 FKB 4113 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4654		Tubing Depth 4566					
Perforations 4646-4654				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8"		DEPTH SET 1465		SACKS CEMENT 740				
7 7/8	5 1/2		4752		4566				

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 5-30-87	Date of Test 6-22-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure n/a	Casing Pressure n/a	Choke Size n/a
Actual Prod. During Test	Oil - Bbls. 21	Water - Bbls. 6	Gas - MCF 126

GAS WELL

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

Jean Ellard  
(Signature)  
Agent  
(Title)  
6-29-87  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 1 1987, 19  
BY Orig. Signed by Paul Kautz  
TITLE Geologist

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 location, transporter, or other such change of condition.