

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Southwest Royalties, Inc.	Well API No. 30-025-31847
Address c/o Box 953, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator N/A	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Howard 32 State	Well No. 1	Pool Name, Including Formation Eumont/Yates SR-Queen	Kind of Lease <u>State</u> , Federal or Fee	Lease No. A-1320
Location Unit Letter A : 990 Feet From The North Line and 330 Feet From The East Line Section 32 Township 18-S Range 37-E, 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"/> Scurlock-Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1150 Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 32	Twp. 18-S	Rge. 37-E	Is gas actually connected? Yes	When? 2-22-93

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)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-24-93	Date Compl. Ready to Prod. 2-21-93		Total Depth 4000'		P.B.T.D. 3970'			
Elevations (DF, RKB, RT, GR, etc.) 3716' GL	Name of Producing Formation Penrose CK PK		Top Oil/Gas Pay 3878'		Tubing Depth 3946'			
Perforations 3878 - 84', 3890 - 3904', 3916 - 20', 3926 - 28', 3931 - 36' 67					Depth Casing Shoe holes. 4000'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 460'		SACKS CEMENT 270 sx circ to surf.			
7-7/8"	5-1/2"		4000'		740 sx Circ to surf.			

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.)

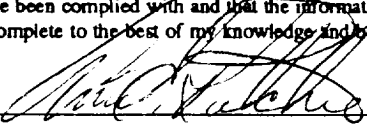
Date First New Oil Run To Tank 3-5-93	Date of Test 3-7-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 40 psi	Casing Pressure 40 psi	Choke Size N/A
Actual Prod. During Test 8	Oil - Bbls. 8	Water - Bbls. 0	Gas - MCF 42

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature 
Printed Name Ann E. Ritchie Regulatory Agent
Date 3-9-93 Telephone No. (915) 684-6381

OIL CONSERVATION DIVISION

Date Approved MAR 11 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.