	NO. OF COPIES RECEIVED							<u>;</u>		
	DISTRIBUTION	\dashv								
	NEW MEXICO			L CONSERVATION COMMIS A '			Form C-104			
	FILE				FOR ALLOWABLE			Supersedes Old C-104 and C-11 Elioctive 1-1-65		
	u.s.g.s.	AND					7.			
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					•			
	OIL	in the second of		to the second				•		
	TRANSPORTER GAS	-						•		
	OPERATOR									
	PROBATION OFFICE	-		, .						
4.	Operator Southwestern Natural Cas Inc						•	,		
	Southwestern Natural Gas, Inc.									
	Address									
	900 Building of the Southwest, Midland, Texas 79701									
	Reason(s) for filing (Check proper box)		Other (Pleas	e explain)					
	New Well Change in Transporter of:									
	Recompletion Oil Dry Gas							!		
	Change in Ownership	Casinghead Gas	Conde	usate		,				
	If change of ownership give name and address of previous owner						"			
17	DESCRIPTION OF WELL AND	TEACE								
	Lease Name	Well No. Pool Name, Inc.	uding F	ormation	Kind of Lease	1	····	Lease No.		
	Gende State	1 N. Osud	o (M	orrow)	State, Federa	or Fee	State	A-1375		
	Location			······································		-		-4		
	/ 7 (60)									
	Unit Letter 1; 660 Feet From The EAST Line and 1980 Feet From The SOUTH									
	Line of Section 19 Township 20-S Range 36-E , NMPM, Lea County									
								· · · · · · · · · · · · · · · · · · ·		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATUR	AL GA	S						
	Name of Authorized Transporter of Oil			Address (Give address						
	The Permian Corporation			Box 3119,	Midland	, Tex	as 7970	1		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	хx	Address (Give address	to which approv	ed copy o	f this form is t	o be sent)		
	Phillips Petroleum Co. Phillips Bldg., Odessa, Texas 79760									
	If well produces oil or liquids,	i well produces oil or liquids,				Is gas actually connected? When				
	give location of tanks. I 19 20-S: 36-E No-Vented When contract negot						negotiat			
	If this production is commingled wit	th that from any other lease o	r pool,	give commingling orde	r number:					
IV.	COMPLETION DATA	**************************************								
	Designate Type of Completic		Well	New Well Workover	Deepen	Plug Bad	ck 'Same Res	'v. Diff. Res'v.		
		<u> </u>	XX	XX		ļ				
	Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D				
	12-5-69	2-12-70	11,600			11,592				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
	3634' GR	Morrow	11,281	11,110						
	Perforations					Depth Casing Shoe				
							600			
	TUBING, CASING, AND			CEMENTING RECO						
	. HOLE SIZE	CASING & TUBING SIZ	DEPTH SET		SACKS CEMENT					
	15"	11-3/4"	350'		350 sks - Circ.					
	11".	8-5/8"	5429		480 sks					
	7-7/8"	4-1/2"		11.600		420 sks				
l	 			L		<u> </u>		 		
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test mi		ter recovery of total volume		ind must b	e equal to or e	xceed top allow		
	OIL WELL Date First New Oil Run To Tanks		inia de	pth or be for full 24 hour Producing Method (Flor	· · · · · · · · · · · · · · · · · · ·	200 1				
ĺ	Date First New Oil Run To Tunks	Date of Test		Producing Method (Fiel	o, pump, gas iij					
	Locath of Tree	Tuhing Programs		Carlos Persona		Choke Size .				
	Length of Teet	Tubing Pressure		Casing Pressure		Chore Si	CHURT SILT			
].	Actual Deed Ductor Man	OU - Phile	Water-Ebla		Gen-1/C	Gas-MCF				
	Actual Prod. During Test	Oil-Bble.	Water-Bbis.							
l				····	<u> </u>	<i>S</i> 2				
	CAC WELL									
r	GAS WELL Actual Prod. Test-MCF/D				Bbls. Condensate/MMCF			Gravity of Condensate		
	ACIUOI Prog. I mate MC.P /II			BDIE CDMOSDEGIS/MI	F '	(ipanitro -); (_Opcanea:*			

CAOF 2090

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Operations

March 31,

Back Press.

5 Hrs.
Tubing Pressure (Shut-in)

5408

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.

Somult (Signature)

Manager

(Title)

(Date)

1970

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.

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION

Choke Size

Variable

Casing Pressure (Shut-in)

BY

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.

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COMPUNE OF ONE