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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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
Southwest Royalties, Inc.		30-025-30530
Address		
Box 953, Midland, TX 79702		
Reason(s) for Filing (Check proper box)		
☐ New Well ☐ Change in Transporter of:		
☐ Recompleted ☐ Oil ☐ Dry Gas ☐		
☒ Change in Operator ☐ Casaghead Gas ☐ Condensate ☐		
Effective August 1, 1990		
If change of operator give name and address of previous operator		
CHI OPERATING, INC.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Long	2	Eunice San Andres (South)	State, Federal or Fee	
Location				
Unit Letter	M	990	Feet From The	South
Line and	330	Feet From The	West	Line
Section	11	Township	22S	Range
37E	NMPM	Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil	☒ or Condensate	Address (Give address to which approved copy of this form is to be sent)
Permian		Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casaghead Gas	☒ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Texaco Prod. Inc.		Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	11
	22S	37E
Is gas actually connected?	When?	
yes		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Stems 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 Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Rse To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate MCF	Gravity of Condensate
Testing Method (push, 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 Jean Ellison
Printed Name Jean Ellison Agent
Date 8-15-90 Telephone No. (915) 684-6381

OIL CONSERVATION DIVISION

Date Approved _____

By TERESA L. V. JERRY SEXTON

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.