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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

SOUTHWEST PRODUCTION COMPANY

Address 8333 Douglas, Suite 1100, Dallas, Texas 75225

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of Oil ☐		
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐		

If change of ownership give name and address of previous owner John H. Hill

DESCRIPTION OF WELL AND LEASE		Kind of Lease		Lease No.
Lease Name	Well No.	Pool Name, including Formation	State, Federal or Foreign	
Las Cruces Federal "A"	1	(Seven Rivers Queen) Langlie Mattix	Federal	LC030180
Location				
Unit Letter	G	2310 Feet From The	N Line and	2310 Feet From The
Line of Section	22	Township	23S	Range
			37E	NMPM, Lea County, New Mexico

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☐ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipeline Company		P. O. Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company		P. O. Box 1492, El Paso, Texas		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-in
Designate Type of Completion - (X)								
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Penetrations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Check Size
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 (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Check Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>AUG 30 1978</u> , 19	
<i>Southwest Production Co.</i> <i>By Jerry Sexton</i> (Signature) <i>Sexton</i> (Title) July 1, 1978 (Date)		BY <u>Orig. Signed by</u>	
		TITLE <u>Dist. 1. Supv.</u>	
		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 flow test data taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for flow tests on new and recompleting wells. Fill out only Sections I, II, III, and VI for changes of permit, well name or number, or transporter or other such change of conditions.	