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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 1-1-69
See Instructions
on Back of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Southwest Royalties, Inc.		Well API No. 30-025-11332
Address c/o Box 953 Midland, TX 79702		
Reserve(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☒ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Effective: 1/1-91		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Woolworth, M. C.	Well No. 4	Pool Name, including Formation Jalmit-Tansill Y-SR	Kind of Lease Leasehold or Fee	Lease No. NA
Location Unit Lease J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 33 Township 24S Range 37E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil NONE	or Condensate	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston
Name of Authorized Transporter of Casinghead Gas Sid Richardson Carbon & Gasoline Co.	or Dry Gas	Address (Give address to which approved copy of this form is to be sent) 281 Main Street, Ft. Worth, TX 76102
If well produces oil or liquids, give location of lease Unit J Sec. 33 Twp. 24S Rng. 37E	Is gas actually connected? When?	

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	Same 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.)

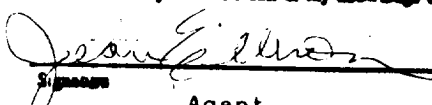
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Blow - Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Static)	Casing Pressure (Static)	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.

 (Jean Ellison)
Signature Agent
Printed Name Title
12-3-91 (915) 684-6381
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 12-3-91

By

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.