

OIL CONSERVATION DIVISION
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAR 13 1979

Operator Southland Royalty Company		O.C.C.
Address 1100 Wall Towers West, Midland, Tx. 79701		ARTESIA, OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Effective 2-1-79
Recompletion ☐		
Change in Ownership ☒		

If change of ownership give name and address of previous owner Shenandoah Oil Corp., 1500 Commerce Bldg., Ft. Worth, Tx. 76102

I. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Shugart A	Well No. 1	State, Federal or Fee Federal	71-029387-
Location			
Unit Letter M	: 330	Feet From The South	Line and 990
Line of Section 29	Township 18S	Range 31E	NMPM, Eddy

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐		P.O. Box 1510-Midland, Tx. 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Co.		4001 Penbrook, Odessa, Tx. 79762	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 29	Twp. 18S
		Rge. 31E	Is gas actually connected? When Yes 2-1-61

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

V. COMPLETION DATA		New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Designate Type of Completion - (X)							
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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

VI. 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 Tanks	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	Bbls. Condensate/MNCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

1. 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.

C. Harney Can
(Signature)
District Engineer
3-1-79
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 16 1979, 19

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

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 deviation tests taken on the well in accordance with RULE 111.

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 Form C-104 must be filed for each pool in multiple.