

## OIL CONSERVATION DIVISION

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

MAR 13 1979

AS APPLIED SERVICES	5
DISTRIBUTION	1
PERMITS	1
FILE	1
USC 1	1
LAND OFFICE	1
TRANSPORTER	1
OPERATION	1
REGISTRATION OFFICE	1

1. Southland Royalty CompanyAddress  
1100 Wall Towers West, Midland, Tx. 79701O. C. G.  
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Effective 2-1-79

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Kenwood Federal (Mayer)</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Shugart (Y.SR.Q.G.)</u>	Kind of Lease State, Federal or Foreign <u>Federal 71-209387-D</u>
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1490</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County			

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510-Midland, Tx. 79702</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Tx. 79762</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>19</u>
	Twp. <u>18S</u>	Rge. <u>31E</u>
	Is gas actually connected?	When <u>9-63</u>

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't.	Diff. Res't.
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 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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## I. 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. Harvey Can  
(Signature)

District Engineer

(Title)

3-1-79

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 16 1979, 19BY Mike WalkerTITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 110.

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 conditions. Separate Form C-104 must be filled for each pool in multi-