Submit 5 Conies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

4 1-1-29

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		10 1111		<u> </u>			Well	API No.			
Southland Royalty (	Company										
Address FO Box 4289, Fai	rmi nat	on M	тм 9	37499							
Reason(s) for Filing (Check proper box)	LINLINGE	.011, 1	111 0	77477	Oth	et (Please expl	qia)				
New Weil		Change in	Тгадаро	rter of:		- ( F					
Recompletion	Oil		Dry Ga								
Change in Operator	Casinghea	d Gas	Conden	_							
If change or operator give name								<del></del>			
and address of previous operator	4.N.D. I.E.	. 05	-						· · · · · · · · · · · · · · · · · · ·		
L. DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, include				ine Formation			Kind of Lease		case No.		
Lease Name						, Coal		State, Federal or Fee		NM-6892	
Reese Mesa			-	Basin_	<del>Fruitlan</del>	d Cour				892	
Unit Letter	. 1	450	East En	The S	outh Lin	end 803	. F.	et From The	WEST	Line	
Our Cener	- ·		_ 100 110	om 1116			•				
Section 13 Townshi	<b>5</b> 2N		Range	W8 (	, N	<b>мрм,</b> Sa	ın Juan			County	
III. DESIGNATION OF TRAN	CDADTE	D OF O	II ANI	D NATTI	DAL GAS						
Name of Authorized Transporter of Oil	SPURIE	or Condex		X		e address to wi	hich approved	copy of this j	form is to be se	ent)	
Meridian Oil Inc	<u></u>					x 4289					
Name of Authorized Transporter of Casing		head Gas or Dry Gas 🔀				e address to w	hich approved	copy of this )	form is to be s		
Northwest Pipel:	ne					h, Far		n. NM	87401		
If well produces ou or liquids, give location of tanks.	Unit	Sec.	Twp.	•	la gas actuail	y connected?	When	?			
	<u>I KI</u>	13	32N	1 08W	<u>!</u>			<del></del>			
If this production is commingled with that if IV. COMPLETION DATA	trom any out	er lease or	poor, grv	e consumb	ton order mone	<u></u>				<del></del>	
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	İ	Ĺ_				1	1	1		
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	4 E			Top Oil/Gas	Pav		Tubing Dep	- <u>-</u>		
Elevations (DP, RAB, R1, GR, Elc.)	Name of P	rocucing r	DITIMELOU		i			Tubing Deput			
Perforations	-			<del></del>			-	Depth Casii	ng Shoe		
									•		
	Ţ	UBING.	CASI	NG AND	CEMENTI						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET SACKS CEMENT					
	1				!						
	: -				·  :						
	1		<del></del>	<del></del>	:						
V. TEST DATA AND REQUES										** *********	
OIL WELL Test must be after r	ecovery of 10	sai voiume	of load o	oil and must					for full 24 hou	F3.)	
Date First New Oil Run To Tank	Date of Te	SI.			Producing Me	thod (Flow, pi	ump, gas lift, d	<b>'fD)</b> [5]			
I d T d	1	7.1:				Casing Pressure					
Length of Test	Tubing Pre	eaure			Casing 11000			Chake Size	NO2 19.		
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF		~	
-								OIL CON. DIV.			
GAS WELL									1.17 9		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF		Gravity of	Condensate		
	-	- /			Casing Press	(Shipton)		Choke Size		1000	
Testing Method (pilot, back pr.)	I mored the	eaure (Shu	(-B)		Canna Lies	ne (Sharan)		Cione Size		•	
VI. OPERATOR CERTIFIC	ATE OF	CONT	OF TAN	ICE					<del></del>		
I hereby certify that the rules and regul				102		DIL CON	<b>NSERV</b>	ATION	DIVISIO	NC	
Division have been complied with and that the information given above											
is true and complete to the best of my i	Enowledge a	ad belief.			Date	Approve	d	JUN (	12 1999		
News Drie	Uku	100							_1	,	
Simmer				<u> </u>	∬ By_			4) (	Then	<u> </u>	
Peggy Bradfield	кеді	urato:		ffairs	11		SUPE	RVISTON	DISTRI	CT # 8	
06-01-89	326	5-972	Title 7		Title						
Date			ephone N	io.				_			

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.