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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State  Fee   
5. State Oil & Gas Lease No.  
B-2229

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL  GAS WELL  OTHER   
2. Name of Operator: Southland Royalty Company  
3. Address of Operator: 1100 Wall Towers West, Midland, Texas 79701  
4. Location of Well: UNIT LETTER L 660 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 7 TOWNSHIP 17-S RANGE 33-E NMPM.  
5. Elevation (Show whether DF, RT, GR, etc.): 4229 GR  
7. Unit Agreement Name  
8. Farm or Lease Name: Malmar Unit Tr. 3  
9. Well No.: 12  
10. Field and Pool, or Wildcat: Maljamar G-SA  
12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Bradenhead Tie In</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Tied Bradenhead to Surface With Valve Exposed.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE District Engineer DATE 2-15-79

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE 2-15-1979

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OIL	
NATURAL GAS	
OPERATION	
REGISTRATION OFFICE	

Operator  
**Southland Royalty Company**

Address  
**1100 Wall Towers West, Midland, Tx 79701**

Reason(s) for filing (Check proper box)  
 New Well       Change in Transporter of:  
 Recombpletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate       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**

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Malmar Unit Tr 3</b>	Well No. <b>12</b>	Pool Name, including Formation <b>Maljamar (G-SA)</b>	Kind of Lease State, Federal or Fee State	Lease No. <b>B-2229</b>
Location Unit Letter <b>L</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>7</b> Township <b>17S</b> Range <b>33E</b> , NMPM, <b>Lea</b> County				

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Water Injection Well</b>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rge.    Is gas actually connected?    When

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

**III. 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

**IV. 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	Testing 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/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. 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*  
District Engineer  
3-1-79

OIL CONSERVATION DIVISION  
**MAR 15 1979**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY *John Runyan*  
Geologist

TITLE \_\_\_\_\_

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 deviated 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. This form must be filed for each pool in multiple copies.