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OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator
Southland Royalty Company

Address
1100 Wall Towers West, Midland, TX 79701

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change In Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Other (Please explain) First tie-in of casinghead gas.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>		
Change In Ownership <input type="checkbox"/>				

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Corbin	Well No. 2	Pool Name, including Formation Corbin, Delaware, West	Kind of Lease State, Federal or Fee Federal	Lease No. NM-93
Location Unit Letter H : 2080 Feet From The north Line and 860 Feet From The east				
Line of Section 18 Township 18-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	1800 1st International Bldg., Dallas, TX 75201
If well produces oil or liquids, give location of tanks.	Unit H Sec. 18 Twp. 18-S Rge. 33-E Is gas actually connected? Yes When 8-10-78

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Some Rest'n.	<input type="checkbox"/> Diff. Rest'n.
Date Spudded	Time Comm. Ready to Prod.	Total Depth	F.R.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 lead 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-Water	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. Harvey Carr
District Engineer
August 24, 1978

OIL CONSERVATION COMMISSION
AUG 20 1978

APPROVED _____, 19____

BY Jerry Deaton
TITLE Dist. Engr.

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 calculation 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 re-completed wells.
Fill out only portions I, II, III, and VI for change of operator, well name, or method of transportation or other such changes.
Separate Form C-104 must be filed for each pool in multiple completion wells.