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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-110
Effective 1-1-65

I. Operator
Southern Minerals Corporation

Address
P. O. Box 716 - Corpus Christi, Texas 78403

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED Inbe Penn - Bough "C" 12-3768

Lease Name	State "D"	Well No.	5	Pool Name, including Formation	Inbe Penn - Bough "C"	Kind of Lease	State, Federal or Foreign State	Lease No.	K-5353
Location									
Unit Letter	L	1980	Feet From The	South	Line and	510	Feet From The	West	
Line of Section	8	Township	11-S	Range	34-E	NMPM,	Lea	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Service Pipe Line Company	3411 Knoxville Avenue, Lubbock, Texas 79413					
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)					
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	8	11-S	34-E	Yes	4/22/69

If this production is commingled with that from any other lease or pool, give commingling order number: **None Assigned At This Time.**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XX								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3/10/69	4/20/69	9940'	9863'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4196.2 GR	Bough "C" Penn	9863-9872	9813'					
Perforations	Depth Casing Shoe							
9863'-9872' w/2 - 1/2" holes per foot.	9940'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	407'	375 Sacks					
11"	8-5/8"	4015'	450 Sacks					
7-7/8"	5-1/2"	9940'	250 Sacks					
4-3/4"	2-7/8"	9813'						

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)

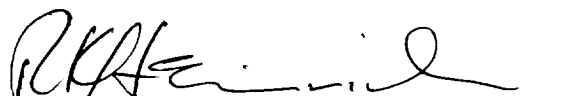
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4/22/69	4/24/69	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	310#	Sealed	26/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
320.3	320.3	118.3	673.6

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature) **R. K. Heinrich**

Authorized Employee

(Title)

4/25/69

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 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 Forms C-104 must be filed for each pool in multiply completed wells.