

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Southland Royalty Company		Well API No. 30-025-30580
Address 21 Desta Drive, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "MA"	Well No. 4	Pool Name, Including Formation South Corbin (Wolfcamp)	Kind of Lease State, Federal or Free	Lease No. LC-064944
Location Unit Letter B : 530 Feet From The North Line and 1910 Feet From The East Line Section 21 Township 18 South Range 33 East, 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"/> Permian	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) 19801 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 21
	Twp. 18S	Rge. 33E
	Is gas actually connected? Yes	
	When ?	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/16/89	Date Compl. Ready to Prod. 8/03/89	Total Depth 11,511'		P.B.T.D. 11,464'				
Elevations (DF, RKB, RT, GR, etc.) 3849' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,907'		Tubing Depth 10,856'			
Perforations 10,948' - 11,442'					Depth Casing Shoe 11,511'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		370'		300 sx			
12 1/4"	8 5/8"		2,900'		1500 sx			
7 7/8"	5 1/2"		11,511'		1st Stage 905 sx 2nd Stage 1530 sx			

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 Tank 7/18/89	Date of Test 8/08/89	Producing Method (Flow, pump, gas lift, etc.) 2 1/2" x 1 1/4" x 32' RHBM Pump	
Length of Test 24	Tubing Pressure 0	Casing Pressure 180	Choke Size 20/64
Actual Prod. During Test	Oil - Bbls. 316	Water - Bbls. 52	Gas - MCF 392

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

VI. OPERATOR 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.

Signature  
Robert L. Bradshaw, Sr. Staff Env/Reg Spec.  
Printed Name  
8/16/89 (915) 686-5678  
Date Telephone No.

OIL CONSERVATION DIVISION

AUG 18 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

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.

RECEIVED

AUG 17 1989

OCB  
HOBBS OFFICE