

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

RECEIVED

OCT 3 1980

O. C. D.

ARTESIA, OFFICE

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator Southland Royalty Company

Address 1100 Wall Towers West, Midland, Texas 79701

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

Other (Please explain) Request 500 BBL Allowable on sale of test oil

If change of ownership give name and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Parkway "B" State</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Wildcat (Wolfcamp)</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>L-4893</u>
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>19-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> 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"/> <u>Basin Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>511 W. Ohio, Midland, Texas 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>I</u>	Sec. <u>15</u>
	Twp. <u>19-S</u>	Rge. <u>29-E</u>
Is gas actually connected?	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>8-5-80</u>	Date Compl. Ready to Prod. <u>Testing</u>		Total Depth <u>10,590'</u>		F.B.T.D. <u>10,471'</u>			
Elevations (DF, RAB, RT, GR, etc.) <u>3306' GR</u>	Name of Producing Formation <u>Wildcat (Wolfcamp)</u>		Top Oil/Gas Pay <u>9044'</u>		Tubing Depth <u>8943'</u>			
Perforations <u>1 JSPF 9044-9066'</u>					Depth Casing Shoe <u>10,577'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>15"</u>	<u>11 3/4"</u>		<u>248'</u>		<u>300 sxs + 16 yd Redi-Mix</u>			
<u>11"</u>	<u>8 5/8"</u>		<u>2800'</u>		<u>1100 sxs Circ</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>10,577'</u>		<u>800 sxs Top Cmt @ 6890'</u>			
	<u>2 3/8"</u>		<u>8943'</u>		<u>by Temp Survey</u>			

## 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.)	
Length of Test	Tubing 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/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

CC Parsons  
(Signature)

District Operation Engineer  
(Title)

9-26-80  
(Date)

## OIL CONSERVATION COMMISSION

OCT 6 1980

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

BY W.A. GussittTITLE SUPERVISOR, DISTRICT II

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.