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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

| | | |
|--|---|-----------------------------------|
| Operator Southland Royalty Company | | |
| Address Box 1515, Midland, Texas | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: | Report change in pool designation |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner

| | |
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| II. DESCRIPTION OF WELL AND LEASE | |
| Lease Name Federal McKinley Federal | Well No. Pool Name, including Formation 1 Inbe (Pennsylvanian) |
| Kind of Lease State, Federal or Fee Federal | |
| Location Unit Letter O ; 660 Feet From The South Line and 1830 Feet From The East | |
| Line of Section 1 , Township 11-S Range 33-E , NMPM, Lea County | |

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| II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Service Pipeline Company Amoco Pipeline Co | Address (Give address to which approved copy of this form is to be sent) P.O. Box 337, Midland, Texas |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 966, Lovington, New Mexico |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| O 1 11-S 33-E | Yes March, 1965 |

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

| | |
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| V. COMPLETION DATA | |
| Designate Type of Completion - (X) X | Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. |
| Date Spudded November 4, 1964 | Date Completed to Prod. December 16, 1964 |
| Pool Inbe (Pennsylvanian) | Name of Producing Formation Pennsylvanian |
| Perforations 9704-16' | Total Depth 9800' |
| TUBING, CASING, AND CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE |
| 17 1/2 | 13 3/8 |
| 11 | 8 5/8 |
| 7 7/8 | 5 1/2 |
| - | 2 7/8 |
| DEPTH SET | |
| 371 | |
| 4000 | |
| 9800 | |
| 9678 | |
| SACKS CEMENT | |
| 300 | |
| 350 | |
| 340 | |

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| 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 December 17, 1964 | Date of Test December 18, 1964 |
| Length of Test 24 hrs. | Producing Method (Flow, pump, gas lift, etc.) Flow |
| Actual Prod. During Test 477 | Tubing Pressure 300 |
| | Casing Pressure Packer |
| | Choke Size 32/64 |
| | Water - Bbls. 233 |
| | Gas - MCF 440 |

GAS WELL

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |

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| 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.H. Can | |
| (Signature) | |
| District Engineer | |
| (Title) | |
| April 15, 1965 | |
| (Date) | |
| OIL CONSERVATION COMMISSION | |
| APPROVED _____, 19 | |
| 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 Sections I, II, III, and VI only 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. | |