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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

MAY 31 7 41 AM '66

Operator Southland Royalty Company	
Address 1405 Wilco Bldg., Midland, Texas	
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"/> 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

II. DESCRIPTION OF WELL AND LEASE		
Lease Name Farrar "B"	Well No. 1 Pool Name, Including Formation Undesig. (Inbe-Penn Ext.)	Kind of Lease State, Federal or Fee Fee
Location Inbe-Pennsylvanian R-3080		
Unit Letter O	766 Feet From The South Line and 2086 Feet From The East	
Line of Section 13	Township 11-S Range 33-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"/> Pan American Petr. Corp. (Trucks)	Address (Give address to which approved copy of this form is to be sent) Box 1725, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petr. Corp.	Address (Give address to which approved copy of this form is to be sent) Box 966, Lovington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit O Sec. 13 Twp. 11-S Rge. 33-E Is gas actually connected? No When As soon as possible

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 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"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 4-12-66	Date Compl. Ready to Prod. 5-19-66	Total Depth 10,080	P.B.T.D. 10,030
Pool Undesig. (Inbe-Penn Ext.)	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9,754	Tubing Depth 9,776
Perforations 9758-9774			Depth Casing Shoe 10,080
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	363	350
11	8 5/8	3947	750
7 7/8	17	10080	525
	2 1/2	9776	None

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-19-66	Date of Test 5-21-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 22 hrs.	Tubing Pressure 275	Casing Pressure 0-Pkr.	Choke Size 28/64
Actual Prod. During Test 680	Oil-Bbls. 230	Water-Bbls. 450	Gas-MCF 187.4

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		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.			
Alton C. Goodrich (Signature) District Superintendent (Title) May 27, 1966 (Date)			