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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
HOBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 13 11 19 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR
Operator
Southland Royalty Company
Address
1405 Wilco Bldg., Midland, Texas 79701
Reason(s) for filing: (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter ☐
Recompletion ☐ or Dry Gas ☒
Change in Ownership ☐ Resinhead Gas ☐ Resinstate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Graham-State
Well Name
North Bagley-Pennsylvanian 5-13-70
Kind of Lease
1 No. Bagley Lower Penn.
State, Federal or Fee
State
Location
Unit Letter
O
2086 Feet From The
East
Line
554
Feet From The
South
Line of Section
3
Twp.
11-S
Range
33-E
NMFM,
Lea
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Service Pipe Line Co. ☒
Address (Give address to which approved copy of this form is to be sent)
3411 Knoxville Ave., Lubbock, Texas
Name of Authorized Transporter of Oil or Dry Gas ☒
Warren Petroleum 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.
0 3 11S 33E
Is gas actually connected?
No
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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'y. ☐ Diff. Res'y. ☐
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Pool
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Perforations
Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

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
Casing Pressure
Casing Pressure
Choke Size
Actual Prod. During Test
ft-Bbls.
Water-Bbls.
Gas-MCF

GAS WELL
Actual Prod. Test-MMCF
Length of Test
ft-Bbls. Condensate/MMCF
Gravity of Condensate
Testing Method (pitot, back pr.)
Casing Pressure
Casing Pressure
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
Production Clerk
January 10, 1967
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 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.