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U.S.G.S.	
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

I. Operator
Southland Royalty Company
Address
1405 Wilco Bldg., Midland, Texas
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Epperson	Well No. 1	Pool Name, Including Formation Undesig. (Inbe-Penn. Ext.)	Kind of Lease State, Federal or Fee Fee
Location Unit Letter G ; 1830 Feet From The North Line and 1980 Feet From The East Line of Section 24 , 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 J	Sec. 24	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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-25-66	Date Compl. Ready to Prod. 11-2-66	Total Depth 9875		P.B.T.D. 9842				
Pool Undesignated (Inbe-Penn. Ext.)	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9797		Tubing Depth 9750				
Perforations 9802-9816	Depth Casing Shoe 9875							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	11 3/4"		355		370 sx.			
11"	8 5/8"		4000		750 sx.			
7 7/8"	5 1/2"		9875		525 sx.			
	2 1/2"		9750		None			

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 11-2-66	Date of Test 11-3-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 550#	Casing Pressure 0-Pkr.	Choke Size 16/64"
Actual Prod. During Test 327	Oil-Bbls. 262	Water-Bbls. 65	Gas-MCF 330

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

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)

Engineer

(Title)

November 7, 1966

(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.