

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Table with columns for Distribution, Santa Fe, File, M.U.S., Land Office, Transporter, Oil/Gas, Operator, and Registration Office.

Southland Royalty Company

Address: 1100 Wall Towers West, Midland, Tx 79701

Reason(s) for filing (Check proper box): New Well, Recompletion, Change in Ownership, Change in Transporter of: Oil, Gas, Dry Gas, Condensate. Effective 2-1-79

If change of ownership give name and address of previous owner: Shenandoah Oil Corp., 1500 Commerce Bldg., Ft. Worth, Tx 76102

I. DESCRIPTION OF WELL AND LEASE

Lease Name: Malmar Unit Tr 3, Well No.: 9, Pool Name: Maljamar (G-SA), Kind of Lease: State, Lease No.: B-2229. Location: Unit Letter I, 1980 Feet From The South Line and 660 Feet From The East. Line of Section 12, Township 17S, Range 32E, NMPM, Lea County.

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Texas-New Mexico Pipeline, Address: P. O. Box 1510-Midland, Tx 79702. Name of Authorized Transporter of Casinghead Gas: Phillips Petroleum Company, Address: 4001 Penbrook, Odessa, Tx 79762. Is gas actually connected? Yes/Unknown.

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

III. COMPLETION DATA

Designate Type of Completion - (X) Oil Well, Gas Well, New Well, Workover, Deepen, Plug Back, Same Res'v., Diff. Res'v. Date Spudded, Date Compl. Ready to Prod., Total Depth, P.B.T.D., Elevations, Name of Producing Formation, Top Oil/Gas Pay, Tubing Depth, Perforations, Depth Casing Shoe.

TUBING, CASING, AND CEMENTING RECORD

Table with columns: HOLE SIZE, CASING & TUBING SIZE, DEPTH SET, SACKS CEMENT.

IV. 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, 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/MCF, Gravity of Condensate, Testing Method, Tubing Pressure (shut-in), Casing Pressure (shut-in), Choke Size.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. Harney (Signature) District Engineer (Title) 3-1-79 (Date)

OIL CONSERVATION DIVISION

MAR 17 1979

APPROVED, 19 BY: [Signature] TITLE: Geologist

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 conditions. Separate Form O-103 must be filed for each pool by multiple...



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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  
Shenandoah Oil Corporation

Address  
1500 Commerce Building - Fort Worth, Texas - 76102

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:			Effective November 1, 1973
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>		

In case of change of ownership give name and address of previous owner Great Western Drilling Company, Box 1659, Midland, Texas, 79701

**DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Malmar Unit Tract 3</u>	Well No. <u>9</u>	Pool Name, Including Formation <u>Maljamar-Grayburg, S. A.</u>	Kind of Lease State, <del>XXXXXXXXXX</del>	Lease No. <u>B-2229</u>
Location Unit Letter <u>I</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>12</u> Township <u>17 South</u> Range <u>32 East</u> , NMPM, <u>Lea</u> County				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 6666, Odessa, Texas</u>
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rge.    Is gas actually connected?    When
	<u>I    12    17S    32E    Yes    Unknown</u>

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

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	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

**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

**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.

T. P. Bates (Signature)  
Vice President, Secondary Recovery  
(Title)

November 8, 1973  
(Date)

**OIL CONSERVATION COMMISSION**

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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