

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Southland Royalty Company		Well API No. 30-025-30658
Address 21 Desta Drive, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Corbin Federal	Well No. 15	Pool Name, Including Formation West Corbin (Delaware)	Kind of Lease <del>State</del> Federal or <del>Free</del>	Lease No. NM-93
Location				
Unit Letter <u>XB</u> : 1980 Feet From The <u>East</u> Line and <u>810</u> Feet From The <u>North</u> Line				
Section <u>18</u> Township <u>18 South</u> Range <u>33 East</u> , <u>NMPM</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Company	P. O. Box 2528, Hobbs, NM 88241					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natural Gas Company	GPM Gas Corporation, Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 18	Twp. 18S	Rge. 33E	Is gas actually connected? Yes	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/15/89	Date Compl. Ready to Prod. 10/11/89		Total Depth 5500'		P.B.T.D. 5418'			
Elevations (DF, RKB, RT, GR, etc.) 3863' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 4948'		Tubing Depth 4926'			
Performances 4950' - 4961'					Depth Casing Shoe 5500'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 7/8"		380'		220 sx			
7 7/8"	5 1/2"		5472'		1650 sx			

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 Tank 10/07/89	Date of Test 10/21/89	Producing Method (Flow, pump, gas-lift, etc.) 2 1/2" x 1 1/4" x 24'	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure 40	Choke Size 44/64
Actual Prod. During Test	Oil - Bbls. 121	Water - Bbls. 88	Gas- MCF 24

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

VI. OPERATOR 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.

Robert L. Bradshaw  
Signature  
Robert L. Bradshaw, Sr. Staff Env/Reg Spec.  
Printed Name  
10/24/89 (915) 686-5678  
Date  
Telephone No.

OIL CONSERVATION DIVISION  
OCT 26 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.