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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Southland Royalty Company	Well API No. 30-025-31513
Address P.O. Box 51810, Midland, TX 79710-1810	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 South Corbin Federal	Well No. 3	Pool Name, Including Formation South Corbin Morrow	Kind of Lease State, Federal or Fee	Lease No. NM-61604
Location Unit Letter P : 554 Feet From The South Line and 554 Feet From The East Line Section 20 Township 18S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> EOTT Energy Corp. 7440	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> GPM Gas Corp. 971	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? P 20 18S 33E yes 4-16-93

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'v	Diff Res'v
		X			X			
Date Spudded 1-26-93	Date Compl. Ready to Prod. 2-17-93	Total Depth 13,615	P.B.T.D. 13,604					
Elevations (DF, RKB, RT, GR, etc.) 3806' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,484	Tubing Depth 3½" @ 10,657.89'					
Perforations 13,484-13,542'			Depth Casing Shoe 13,615'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17½"	13 3/8"	395'	425 sxs-surf.					
12¼"	8 5/8"	2916.71'	1200 sxs-surf.					
7 7/8"	5½"	11,500'	1200 sxs-TOC @ 2410'					
4 3/4"	3½" - TOP 10,655'	BTM 13,615'	175 sxs-TOC @ 10,800'					

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	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 AOF 7829	Length of Test 24	Bbls. Condensate/MMCF 5.81	Gravity of Condensate 57°
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 2230	Casing Pressure (Shut-in) pkr	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.

Signature
Maria L. Perez
Printed Name
6-8-93
Date
Production Assistant
Title
915-688-6906
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 15 1993

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.