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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

**OIL CONSERVATION DIVISION**

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator <b>SOUTHLAND ROYALTY COMPANY</b>	Well API No. 30-025-31796 ✓
Address P. O. BOX 51810, MIDLAND, TEXAS 79710	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: REQUEST 3000 BBLS OIL TEST ALLOWABLE
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> WHILE TESTING WELL PRIOR TO FILING
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> FOR POTENTIAL TEST. <i>January 1993</i>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>FEDERAL MA</b>	Well No. 9	Pool Name, Including Formation <b>SOUTH CORBIN WOLFCAMP</b>	Kind of Lease State, Federal or Fee	Lease No. NM-0997
Location				
Unit Letter <b>J</b>	<b>1980</b>	Feet From The <b>SOUTH</b>	Line and <b>2080</b>	Feet From The <b>EAST</b> Line
Section <b>21</b>	Township <b>18-S</b>	Range <b>33-E</b>	, 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"/> <b>PRIDE OPERATING COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2436, ABILENE, TEXAS 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>NOT CONNECTED YET</b>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?
	J   21   18S   33-E   NO

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 11-26-92	Date Compl. Ready to Prod. 12-28-92	Total Depth 11,550'	P.B.T.D. 11,485'					
Elevations (DF, RKB, RT, GR, etc.) 3830.5' GR	Name of Producing Formation WOLFCAMP	Top Oil/Gas Pay 11,139'	Tubing Depth 2-7/8" @ 11,000'					
Perforations 11,139' - 11,247'	Depth Casing Shoe 11,550'							
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	405'	425 SXS - SURF					
12-1/4"	8-5/8"	2920'	2250 SXS - SURF					
7-7/8"	5-1/2"	11,550'	2035 SXS - TOC @ 300'					

**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	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.

*Maria L. Perez*  
 Signature **MARIA L. PEREZ** Title **PROD. ASST.**  
 Printed Name  
 Date **1-13-92** Telephone No. **915-688-6906**

**OIL CONSERVATION DIVISION**

Date Approved JAN 15 1993  
 By ORIGINAL SIGNED BY JERRY SEXTON  
 District 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.