DISTRIBUTION		
SANTA FE	1	
FILE	1	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	1	
TRANSPORTER GAS	1	
OPERATOR	1	
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-116
Effective 1-1-65

RECEIVED
JUL 19 1979
O. C. C.
ARTESIA, OFFICE

I. Operator: Southland Royalty Company ✓

Address: 1100 Wall Towers West, Midland, TX 79701

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [X]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] 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	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
State RC	2	Grayburg Jackson	State	OG5939

Location: Unit Letter I ; 1980 Feet From The south Line and 660 Feet From The east

Line of Section 36 Township 16-S Range 31-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Navajo Refining Company Pipeline Div
Address (Give address to which approved copy of this form is to be sent): P.O. Box 159, 501 E. Main, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent): 4001 Pembrook, Odessa, TX 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	31	16S	31E	~~No~~ yes	8-9-79

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 Resv.	Diff. Resv.
		X				X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-23-79	1-25-79	4023	3665'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4090' GR	Queen	3114'	3024'

Perforations	Depth Casing Shoe
3114-3138'	4023'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	322'	250 sxs - circ.
6 3/4"	4 1/2"	4023'	200 sxs -T/@2770'
	2 3/8"	3024'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

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

NRC | PT

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1000	1 hr.	0	-
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	450#	0	3/8

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.

C. Harvey Carr (Signature)
District Engineer (Title)
2-14-79 (Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 17 1979, 19
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 operator, well name or number, transporter, or other such changes of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.