

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

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Southland Royalty Company

G. C. C.  
ARTESIA, OFFICE

Address  
1100 Wall Towers West, Midland, Tx. 79701

Reason(s) for filing (Check proper box)

New Well  Change In Transporter of:  
 Oil  Dry Gas   
 Recompletion  Oil  Dry Gas   
 Change In Ownership  Casinghead Gas  Condensate

Other (Please explain)

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

III. DESCRIPTION OF WELL AND LEASE

Lessee Name Dale H. Parke C	Well No. 2Y	Pool Name, Including Formation Grayburg Jackson (O.G.S.A.)	Kind of Lease State, Federal or Fee Federal 71	Lease No. -029020-C
Location Unit Letter <u>D</u> : <u>440</u> Feet From The <u>North</u> Line and <u>880</u> Feet From The <u>West</u> Line of Section <u>23</u> To Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510-Midland, Tx. 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, N.M. 88240
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>15</u> Twp. <u>17S</u> Rge. <u>30E</u>	Is gas actually connected? <u>Yes</u> When <u>Unknown</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
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

VI. 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

VII. 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. Harvey Carr*  
(Signature)

District Engineer

(Title)

3-1-79

(Date)

OIL CONSERVATION DIVISION

MAR 16 1979

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

BY *W. W. Williams*  
OIL AND GAS INSPECTOR

TITLE \_\_\_\_\_  
 This form is to be filed in compliance with RULE 1105.  
 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. (This form must be filed for each pool in multiple.)