

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

RECEIVED

NOV 18 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTERIA OFFICE

Southland Royalty Company ✓

Address
1100 Wall Towers West, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐
Change in Transporter of:
Oil ☐
Casinghead Gas ☒
Dry Gas ☐
Condensate ☐

Other (Please explain)

Addition of Gas Purchaser

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name F.M. Robinson "B" Tr. 1	Well No. 1	Pool Name, Including Formation Grayburg-Jackson	Kind of Lease State, Federal or Fee Federal	Lease No. NM-21888
Location Unit Letter J, 1980 Feet From The South Line and 1980 Feet From The East Line of Section 34 Township 17-S Range 29-E, NMPH, Eddy County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 34	Twp. 17-S	Rge. 29-E	Is gas actually connected? yes	When 9-30-81

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Elevations (DF, RNB, 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

5. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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

Posted ID-3
Added CGT-PP
11-13-81

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

6. 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.

Barbara Carter Noland
(Signature)

Administrative Assistant

November 11, 1981

(Date)

(Print)

OIL CONSERVATION DIVISION

NOV 18 1981

APPROVED

BY

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with N.M.A.C. 10.1.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the desired tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Separate Form C-104 must be filed for each pool in well recompleting.