Submit 5 Conies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerais and Natural Resources Department

MELEIVED

APR 2 3 1993 See 16

DISTRICT II P.O. Drawer DD, Americ, NM \$\$210

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

C. L. D.

DISTRICT III	Sama re, New Mexico 87504-2088
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION
L	TO TRANSPORT OIL AND NATURAL GAS

I.	1 14-48	TO TRA	NSPORT	OIL AND N	ATURAL G	NZA NON RAS				
Operator Southlar	d Royalty Company							30-015- 22309		
Address P O Ro	x 51810 -	Midlan	d TV 7	9710			30-013-			
Reason(s) for Filing (Check proper		mulan	u, 1 /		ther (Please ex	niain i				
New Well	,	~ —	Transporter of:			 ,				
Recompletion	Oil	_	Dry Gas 🐧	<u>^</u>						
Change in Operator If change of operator give name	Casinghea	d Gas	Condensate							
and address or previous operator										
IL DESCRIPTION OF WE	LL AND LE	ASE								
Lease Name Palmillo State Com	1			tuding Formation			of Lease	L6518	ass No.	
Location		-	Turkey I	rack Morr	0\$	State	Federal or Fee	L6518	<u> </u>	
Unit Letter G	: 173	31 ,	Feet From The	N Ti	ne and	310	eet From The _	Ε		
Section 32 Tos	18-1	<u> </u>		20_F			_		Line	
Section 32 Tox	vnship 10	3 1	Range	29-c , N	MPM,		ddy		County	
III. DESIGNATION OF TR	RANSPORTE	R OF OII	L AND NAT	TURAL GAS	! •					
Name of Authorized Transforder of	omergy Opera	tingolden:	ic XX	Address (Gi	ve address to w	nich approve	copy of this fo	m is to be sen	<u></u>	
Name of Authorized Transporter of (flective 4-1-9		or Dry Gas XX	BOX I	59 - Art	esaa, N	M 88210			
Grand Valley Gather	ing Compan	y: `	Diy Gai AA		we aaaress 10 w . Skellv	Dr. Su	ite 560,	m is to be sen	t) OV 74121	
If well produces oil or liquids, give location of tanks.	Unit	Sec. 1	wp. R	ge. is gas actual	ly connected?	When	7		<u>UN 7413:</u>	
	G	32 j	18 29	100			12	/73		
If this production is commingled with IV. COMPLETION DATA	that from any other	er lease or po	ol, give com <u>uni</u>	ngiing order num	ıber:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back .	Same Per'u	Diff Res'v	
Designate Type of Complete Date Spudded		<u> </u>	ــــــــــــــــــــــــــــــــــــــ		<u>i </u>	<u>i </u>		MILE VEZ A	Dill Kes v	
Date Shringer	Date Compi	. Ready to P	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	nation	Top Oil/Gas	Pay	 -	Tubing Depth			
Perforations								- Tag Sepai		
i wistands							Depth Casing	Shoe		
	π	JBING, C	ASING AN	D CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
										
							<u>-</u>		 	
V. TEST DATA AND REQU										
OIL WELL (Test must be aft Date First New Oil Run To Tank	er recovery of total	i volume of i	load oil and mu	ist be equal to or	exceed top allo	mable for this	depth or be for	full 24 hours.	<u>) </u>	
DESCRIPTION OF RAIL TO TAKE	Date of Test			Producing M	ethod (Flow, pu	mp, gas iyi. e	IC.)			
ength of Test	of Test Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test				Wasse Blue						
action From During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF				
GAS WELL	!									
Actual Prod. Test - MCF/D	Length of Te	st		Bbls. Conden	sate/MMCF		Gravity of Co	densite		
							State of the state			
esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
/I OPER A TOR CERTIFIE	(CATTE OF 4	201 677 1		 			!			
I. OPERATOR CERTIF: I hereby certify that the rules and re					DIL CON	SERV	ATION D	IVISION	J	
Division have been complied with a	nd that the inform	ation given a						. • .0.101	•	
is true and complete to the best of n	ry knowledge and	belief.		Date	Approved	1 <u>A</u> is	PR 2 6 19	93		
At They	7				1,2			·		
Signat RI hard Atchley -	Danductic	n A	<u> </u>	By	<u> Apirak</u>	TAL CITY				
RT nard Atchley -	Production	n Assis Tit			MIKEV	VAL SIGN VILLIAMS				
04-22-93	915-688			Title	SUPER	VISOR, D	ISTRICT IF			
Date		Telepho	ne No.	Ш			= · · · ·			

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.

