

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		/
LAND OFFICE		/
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRODUCTION 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-110  
Effective 1-1-65

RECEIVED

FEB 14 1978

Operator Southland Royalty Company ✓		O.C.C. ARTESIA, OFFICE	
Address 1100 Wall Towers West, Midland, TX 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

R. 5667

II. DESCRIPTION OF WELL AND LEASE

Lease Name Palmillo-State	Well No. 1	Pool Name, including Formation Wildcat (Wolfcamp)	Kind of Lease State, Federal or Fee State	Lease No. L-6518
Location Unit Letter G : 1731 Feet From The north Line and 2310 Feet From The east Line of Section 32 Township 18-S Range 29-E, NMPM, Eddy 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"/> Navajo Crude Oil Purchasing Co. Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) N. FREEMAN AVE Box 159, 501 E. Main, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 32	Twp. 18-S	Rge. 29-E	Is gas actually connected? No Yes	When 2-16-78

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-6-77	Date Compl. Ready to Prod. 12-10-77		Total Depth 11,303'		P.B.T.D. 11,233'			
Elevations (DF, RKB, RT, GR, etc.) 3432.9' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 8657'		Tubing Depth 8550'			
Perforations 8660-8672'					Depth Casing Shoe 11,303'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		377		425			
11	8 5/8"		3,300'		1050			
7 7/8"	4 1/2"		11,303'		1405			
	2 3/8"		8550					

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)

Date First New Oil Run To Tanks 12-9-77	Date of Test 12-11-77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 6	Tubing Pressure 1100#	Casing Pressure 0	Choke Size 22/64"
Actual Prod. During Test 168	Oil-Bbls. 156	Water-Bbls. 12	Gas-MCF 275

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. 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 Can  
(Signature)

District Engineer  
(Title)

February 13, 1978  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 27 1978  
BY W. A. Gussett  
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 owner, well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filled for each pool in multiply

