

NEW MEXICO OIL CONSERVATION COMMISSION  
GAS-OIL RATIO TESTS

*Copy to SF*  
C-118  
Revised 1-1-65

Southland Royalty Company Pool Wildcat (Wolfcamp) County Eddy

1100 Wall Towers West Bldg.; Midland, Texas 79701 TYPE OF TEST - (X) Scheduled ☐ Special ☐

| LEASE NAME     | WELL NO. | LOCATION |    |     |     | DATE OF TEST | CHOKE SIZE | TBG. PRESS. | DAILY ALLOW-ABLE | LENGTH OF TEST HOURS | PROD. DURING TEST |           |           |            | GAS - OIL RATIO CU.FT/BBL. |
|----------------|----------|----------|----|-----|-----|--------------|------------|-------------|------------------|----------------------|-------------------|-----------|-----------|------------|----------------------------|
|                |          | U        | S  | T   | R   |              |            |             |                  |                      | WATER OBL.S.      | GRAV. OIL | OIL SOLS. | GAS M.C.F. |                            |
| Limllo - State | 1        | G        | 32 | 18S | 29E | 3-8-78       | F 11/64    | 1100        | 230              | 24                   | 69                | 46.5      | 165       | 177        | 1073                       |

RECEIVED  
MAR 21 1978  
O. G. C.  
NATURAL GAS OFFICE

No well will be assigned an allowable greater than the amount of oil produced on the official test.  
During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Commission.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base shall be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

Mail original and one copy of this report to the district office of the New Mexico Oil Conservation Commission in accordance with NMS 301 and appropriate pool rules.

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

*W. L. C. M.*  
(Signature)  
Administrative Asst.  
(Typed)

