

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUL 7 1980

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Southland Royalty Company

Address
1100 Wall Towers West, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Federal Comm.	Well No. 1	Pool Name, Including Formation Turkey Track Atoka	Kind of Lease State, Federal or Fee Federal	Lease No. LC067132
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>west</u> Line of Section <u>27</u> Township <u>18-S</u> Range <u>29-E</u> , NMPL, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) 511 W. Ohio, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge Street, Omaha, Neb. 68102	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27
	Twp. 18	Rge. 29
	Is gas actually connected? <u>YES</u>	
	When <u>6-25-80</u> <u>5-14-80</u>	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
		X				X		X
Date Spudded 12-20-79	Date Compl. Ready to Prod. 6-25-80		Total Depth 11,700'		P.B.T.E. 11,065'			
Elevations (DE, RKB, RT, GR, etc.) 3459.4' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 10,763		Tubing Depth 10,509'			
Perforations 10,763' - 10,773'					Depth Casing Shoe 11,699'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 1418	Length of Test 1 hr.	Bbls. Condensate/MMCF 16.38	Gravity of Condensate 55.4
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 3710	Casing Pressure (Shut-in) 0	Choke Size 9/64"

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.

Donald R Craig
(Signature)District Operation Engineer
(Title)July 1, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 17 1980, 19.

BY W. A. Gussert
SUPERVISOR, DISTRICT II

TITLE

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 conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.