Submit 5 Coni Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM \$5240

## State of New Mexico -Energy, Minerais and Natural Resources Department

## RECEIVED

## OIL CONSERVATION DIVISION P.O. Box 2088

Sama Fe, New Mexico: 87504-2088

APR 2 3 1993

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1000	
7	Total Sec. 20.
400	

DISTRICT II P.O. Drawer DD, Astonia, NM -88210 ::

Operator  Southland  Address  P. O. Box  Reason(s) for Filing (Check proper box  New Well  Recompletion  Change in Operator  If change of operator give name and address or previous operator  II. DESCRIPTION OF WELL  Lease Name  Empire Fed Com  Location  Unit Letter  K	51810 - x) Oil Casinghe	Compar Midlar Change in	nd, TX	79710		her (Pleas		Well	<b>API No.</b> 30-015-	- 23102		
Address P. O. Box Reason(s) for Filing (Check proper box New Well Recompletion Change in Operator If change of operator give name and address or previous operator II. DESCRIPTION OF WEL Lease Name Empire Fed Com Location	51810 - x) Oil Casinghe	Midlar  Change in	nd, TX Transporter of	(:	Od	her (Pleas	se expiai	n)	30-015	- 23102		
P. O. BOX  Reason(s) for Filing (Check proper box  New Well  Recompletion  Change in Operator  If change of operator give name and address of previous operator  II. DESCRIPTION OF WELL  Lease Name  Empire Fed Com  Location	Oil Casinghe	Change in	Transporter of	(:	Ou	her (Pleas	se expiai	in)				
New Well  Recompletion  Change in Operator  If change of operator give name and address of previous operator  IL DESCRIPTION OF WELL  Lease Name  Empire Fed Com  Location	Oil Casinghe	ad Gas	Dry Gas		Ou	her (Pleas	se expiai	in)				
Recompletion	Casinghe	ad Gas	Dry Gas									
Change in Operator  If change of operator give name and address of previous operator  II. DESCRIPTION OF WELL  Lease Name  Empire Fed Com  Location	Casinghe		Diy Gas									
If change of operator give name and address or previous operator  II. DESCRIPTION OF WELL Lease Name Empire Fed Com Location			CORRELATE									
Location	L AND LE										<u></u>	
Empire Fed Com			Pool Name (	achidina E			-					
ν	·	Well No.   Pool Name, Including Formation 1 Turkey Track Atoka				State	of Lease, Federal or Fe		SRM1484			
	19	80	Feet From Th	sS	Lin	ne and	1980		et From The	W	Line	
Section 27 Towns	ship 18-	S	Range	29 <b>-</b> E	, N	МРМ,			ddy			
III. DESIGNATION OF TRA	NSPORTE	R OF O	I. AND NA	TIDAI	GAS						County	
Name of Authorized Transporter of Oil Kock Services, Inc.		or Condens		Add	ress (Giv	2256 -	<i>to whic</i> - Wic	<i>h approved</i> hita,	copy of this fo KS 6720	rm is to be s	ent)	
Name of Authorized Transporter of Cas Grand Valley Gatherin	inghead Gas 19 Compar	ny 🗔	or Dry Gas X	X Add	ress (Giv	ske1	to whice	h approved	copy of this fo ite 560,	rm is to be s	mt)	
If well produces oil or liquids, ive location of tanks.	Unit	Sec.   27		Rge.   is g	Yes	y connect	ted?	When	?	1015a, 16/80	UK 741	
this production is commingled with the V. COMPLETION DATA	at from any oth	er lease or p	ooi, give com	ningling o		ber:						
Designate Type of Completion	n - (X)	Oil Well	Gas We	ii No	w Weil	Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		i. Ready to i	 Prod.	Tota	Depth	L		<del></del>	P.B.T.D.			
levanons (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Тор	Top Oil/Gas Pay				Tubing Depth			
Perforations	rations				<del>-</del>				Depth Casing Shoe			
	Т	UBING, C	CASING AI	ND CEM	ENTIN	NG REC	CORD		<u> </u>	<del></del>	<del></del>	
HOLE SIZE	i i	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
		. <u>.</u>										
. TEST DATA AND REQUE IL WELL Test must be after				nust be em	al to or i	exceed to	n allows	ble for this		6 11 24 1		
ate First New Oil Run To Tank	Date of Test	<u></u>		Produ	cing Me	thod (Flo	w, ритр	, gas lift, ei	c.)	r jul 24 hour	<i>s.)</i>	
ength of Test	Tubing Press	Tubing Pressure			Casing Pressure				Choke Size			
ctual Prod. During Test	Oil - Bbls.			Water	- Bbis.			<del></del> -	Gas- MCF	<del></del> -	<del></del>	
AS WELL		<u> </u>										
ctual Prod. Test - MCF/D	Length of Te	Length of Test		Bbis.	Bbls. Condensate/MMCF				Gravity of Condensate			
	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size			
ting Method (pulot, back pr.)			<del></del> ,	$\dashv$	<del></del> -	<del></del>	<del></del>			· · · · · · · · · · · · · · · · · · ·		
L OPERATOR CERTIFIC I hereby certify that the rules and regul	ations of the O	il Conservati	ion		0	IL CO	SNC	ERVA	TION D	IVISIO	N	
L OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	ations of the O	il Conservati	ion			OIL CO			TION D R 2 6 19		N	
L OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	ations of the O that the inform knowledge and	il Conservati ation given a belief.	ion above		Date /	Appro	ved .	AP	R 2 6 19		N 	
L OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my Signature RIChard Atchley - P Printed Name	ations of the O that the inform knowledge and	il Conservati ation given a belief.	above			Appro	ved .		R 2 6 19		N 	

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.

Telephone No.

- 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.