

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

MAY 20 1983

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.D.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>
Operator	

Southland Royalty Company ✓

Address

21 Desta Drive, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter oil:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## 1. DESCRIPTION OF WELL AND LEASE

Lease Name Holly Federal COM	Well No. 1	Pool Name, Including Formation Sand Tank (Strawn)	Kind of Lease State, Federal or Federal LC	Lease No. 046256C
Location Unit Letter 0 ; 760 Feet From The South Line and 1980 Feet From The East Line of Section 5 Township 18S Range 30E, NMPM, Eddy County				

## 2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas 77001			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 5	Twp. 18S	Rge. 30E
Is gas actually connected?		When 5-11-83		

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

## 3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded 3-30-82	Date Compl. Ready to Prod. 7-2-82		Total Depth 11,671'		P.B.T.D. 11,250'			
Elevations (DF, RKB, RT, GR, etc.) 3553.1' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 10,517'		Tubing Depth 10,449'			
Perforations 10,517-10,574'					Depth Casing Shoe -			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		290'		500 SX + 5 yds			
12 1/4"	8 5/8"		3350'		2200 SX.			
7 7/8"	4 1/2"		11,671'		1930 SX.			
	2 3/8"		10,449'					

4. 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 478	Length of Test 24 hrs.	Bbls. Condensate/MMCF 276	Gravity of Condensate 550
Testing Method (pilot, back pr.) Back pr.	Tubing Pressure (Shut-in) 1900	Casing Pressure (Shut-in) -	Choke Size 8/64"

## 5. 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.

Fu Lar  
(Signature)

District Operations Engineer

5/16/83

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 21 1983  
Original Signed By  
BY Leslie A. Clements  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1.01.

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 1.11.

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

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION AT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

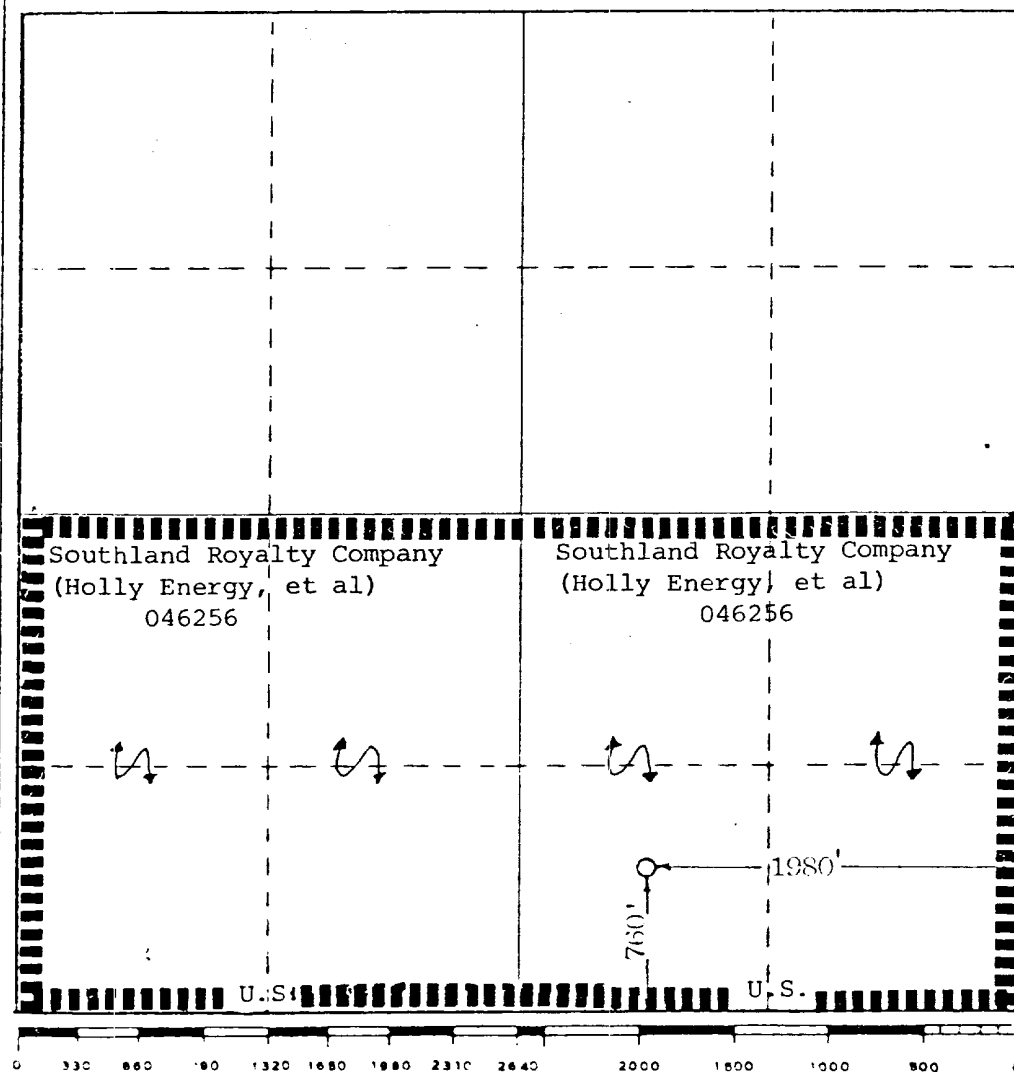
Lessor Southland Royalty Co.		Lessee Holly Federal <del>5</del>		Well No. 1
Unit Letter O	Section 5	Township 18 South	Range 30 East	County Eddy
Actual Footage Location of Well: 760 feet from the South line and 1980 feet from the East line				
Ground Level Elev. 3553.1	Producing Formation <i>Stavron</i>	Pool <i>Sand Tank Stavron</i>	Dedicated Acreage: 320 Acres	

1. Outline the acreage marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation Communitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

*[Signature]*  
Name

District Operations Engineer

Position

Southland Royalty Company

Company

February 19, 1982

Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

February 4, 1982

Registered Professional Engineer  
and/or Land Surveyor

*[Signature]*  
Certificate No. JOHN V. WEST 876  
PATRICK A. ROMERO 6663  
Ronald J. Eidson 3239