

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

FEB 25 1983

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

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.C.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

Southland Royalty Company ✓

Address

21 Desta Drive, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Holly Federal #4	1	Sand Tank (Strawn)	State, Federal or Fee Federal	NM-01159
Location				
Unit Letter	N	660 Feet From The South	Line and 1980	Feet From The West
Line of Section	4	Township	18S	Range 30E, NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
SI NO Contract <i>Conoco Inc.</i>	Bm 1920, Holly NM 88-40	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		NO SIWOPL <i>yes</i> 5-11-82

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hole	Diff. Res
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11-15-82	1-27-83		11,675'		10,890'			
Elevation (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3589.7' GR	Strawn Strawn N		10,485'		10,390'			
Perforations					Depth Casing Shoe			
10,485-10,627'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	270'	500 SX.
12 1/4"	8 5/8"	3350'	1550 SX.
7 7/8"	5 1/2"	11,675'	1200 SX.
	2 3/5"	10,390'	

IV. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
436	4 hrs	1/2	70.356
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pr.	2432	-	7.25/64"

V. 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.

F.N. RAD by D. Roberts
(Signature)

District Operations Engineer

2/14/83

(Date)

OIL CONSERVATION DIVISION

MAY 19 1983

APPROVED

Original Signed By

BY

Leslie A. Clements

TITLE

Supervisor District II

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 Forms C-104 must be filed for each pool in multiple completed wells.

OIL CONSERVATION COMMISSION

BOX 1930

HOBBS, NEW MEXICO

NOTICE OF GAS CONNECTION

DATE 5-16-83

This is to notify the Oil Conservation Commission that connection for the purchase of gas from the Southland Royalty ✓

Operator

Holly 4-3 Fed N. Eddy

Lease, Well No. and Unit

County

4-18-30

S-T-R

Pool

CONOCO INC

Name of Purchaser

was made on 5-11-83

Date

RECEIVED

MAY 18 1983

O. C. D.

ARTESIA, OFFICE

CONOCO INC

Purchaser

JL Sherrill

Representative

Field Forman

Title

cc: To Operator

Oil Conservation Commission - Santa Fe

RECEIVED

MAY 17 1981

G.C.O.
HOBBS OFFICE