

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

MAY 20 1983

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

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 Holly Federal #4	Well No. 1	Pool Name, Including Formation Sand Tank (Strawn)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-01159
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>18S</u> Range <u>30E</u> , NMPN, <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"/> 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	Sec.
	Twp.	Rge.
		is gas actually connected? When
		Yes 5-11-83

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 Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 11-15-82	Date Compl. Ready to Prod. 1-27-83		Total Depth 11,675'		P.B.T.D. 10,890'			
Elevations (DF, RKB, RT, GR, etc.) 3589.7' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 10,485'		Tubing Depth 10,390'			
Perforations 10,485-10,627'					Depth Casing Shoe -			

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 3/8"	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 224	Length of Test 24 hrs	Bbls. Condensate/MMCF 335	Gravity of Condensate 550
Testing Method (prior, back pr.) Back pr.	Tubing Pressure (shut-in) 1900	Casing Pressure (shut-in) -	Choke Size 12/64"

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

District Operations Engineer

5/16/83

(Date)

OIL CONSERVATION DIVISION

MAY 25 1983

APPROVED

BY

OIL AND GAS INSPECTOR

TITLE

This form is to be filed in compliance with RULE 1.04.

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 condition.

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