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OPERATOR	
PRODUCTION OFFICE	
Operator	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
MAY 15 1985
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA OFFICE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Southland Royalty Company
Address
21 Desta Drive, Midland, Texas 79705
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Reclassifying to gas well
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Holly "8A" Fed Com Well No. 1 Pool Name, including Formation Sand Tank (Strawn) Kind of Lease State, Federal or Fee Federal LC-063621
Location
Unit Letter K : 1980 Feet From The South Line and 1650 Feet From The West
Line of Section 8 Township 18S Range 30E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian (Str. 9 / 1707) 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 ☐ or Dry Gas ☒ Conoco, Inc. Address (Give address to which approved copy of this form is to be sent) P. O. Box 1900, Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks. Unit K Sec. 8 Twp. 18S Rge. 30E Is gas actually connected? Yes When Unknown 5-22-85

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			Post F.D-3 5-24-85 Chg From oil to gas well					

V. 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
552 4 hrs 7.8 56
Testing Method (pilot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size
Back pr. 1770 9/64"

VI. 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.
Daniel Roberts
(Signature)
Operations Engineer
5/13/85
(Date)
OIL CONSERVATION DIVISION
MAY 22 1985
APPROVED
BY ORIGINAL SIGNED
BY LARRY BROOKS
TITLE GEOLOGIST - NMOCD
This form is to be filed in compliance with RULE 1004.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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.

