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State of New Mexico Energy, Minerals and Natural Resources Dep.

rent

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEILL

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

| P.O. Driwer DD, Arieni, NM 80210 | | Sa | inta Fe, | New M | exico 875 | 04-2088 | | MAY - 6 | 1991 | | |
|--|---------------------------------------|--------------|--------------------|-------------------|---|--|----------|-------------------------------------|-------------------|--------------|--|
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | REQ | - | | | | AUTHORI | | O. C. I | | | |
| I. TO TRANSPORT OIL | | | | | | AND NATURAL GAS Well APPLESIA, OFFICE | | | | | |
| Operator Southland Royalty Company | | | | | 30-015-26577 | | | | | | |
| Address P.O. Box 51810, Midland, | TX 7 | 9710-18 | 810 | | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | | Ou | ner (Please expl | lain) | | | | |
| New Well | | Change in | Transpor | | | | | | | | |
| Recompletion | Oil | _ | Dry Gas | _ | | | | | | | |
| Change in Operator | Casinghe | ad Gas | Conden | tate | · | | | | | | |
| If change of operator give name and address of previous operator | | | | // / | // 10 | c c1 | | | | | |
| II. DESCRIPTION OF WELL | AND LE | ASE | Too | Hell | 0 2-1 | 5-217 | • | | | | |
| Lease Name | | | | | | | | of Lease No. Federal or Fee LG-9156 | | | |
| Potash "16" State | | 1 1 | Leo (| Queen, | Greyburg | } | | State | | .50 | |
| Unit Letter B : 990 Feet From The No. | | | | | orth Lin | e and 2310 | · Fe | et From The East Line | | | |
| Section 16 Townshi | p 18 | South | Range | 30 Eas | t , N | мрм, | | Eddy | | County | |
| III. DESIGNATION OF TRAN | SPORTI | ER OF O | IL ANI |) NATU | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil x or Condensate Koch | | | | | Address (Give address to which approved copy of this form is to be sent) P. O. Box 3609, Midland, Texas 79702 | | | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit B | Sec. 16 | Twp. | Rge. | Is gas actually connected? When | | | 1 ? | | | |
| <u> </u> | ↓ | 1 | L | | <u> </u> | | | | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any ot | her lease or | pool, give | commingi | ing order num | Der: | ···· | | | | |
| IV. COMILETTON DATA | | Oil Well | l G | as Well | New Well | Workover | Deepen | Plug Back S | ame Res'v | Diff Res'v | |
| Designate Type of Completion | - (X) | x | | | x | | Dupa | | and Rea v | | |
| Date Spudded 12/28/90 | Date Compl. Ready to Prod. 2/08/91 | | | | Total Depth | 4200' | • | P.B.T.D. | 4144' | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| 3501' GR. Greyburg | | | | | 3169' | | | 3130' | | | |
| Perforations 3169'-3202', 3265'-3274' | | | | | | Depth Casing Shoe 4200' | | | | | |
| | CEMENTI | NG RECOR | D | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | |
| 12-1/4" | 8-5'8" | | | | 520' | | | 548 sxCirculated | | | |
| 7–7/8" | 5-1/2" | | | | 4200' | | | 965 sx-Circ Colored Water | | | |
| | 2-7/8" (Tbg.) | | | | 3130' | | | ļ | | | |
| V. TEST DATA AND REQUES | | | | | | | <u>-</u> | } | | | |
| OIL WELL (Test must be after re | covery of t | otal volume | of load oi | l and musi | | | | | full 24 hours | 1.) | |
| Date First New Oil Run To Tank 2/13/91 | Date of Test 4/27-28/91 | | | | Producing Method (Flow, pump, gas lift, et 2-1/2" x 1-3/4" x 15' | | | | 1 <i>p</i> - 5 | 31.91 | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | 2" Pipe | PYBK | |
| 24 Hours Actual Prod. During Test | 25 | | | | Water - Bbls. | | | Gas- MCF | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | 344 | | | 6 | | | |
| GAS WELL | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| VI. OPERATOR CERTIFICA | ATE OF | COMP | LIAN | CE | | NI 001 | 10551 | ATION 5 | 11/1010 | A.I | |
| I hereby certify that the rules and regula | tions of the | Oil Conserv | vation | | ' | JIL CON | 12FHA | ATION D | 101510 | N | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | Date Approved MAY 1 6 1991 | | | | | | |
| Day Right | | | | | | | | | | | |
| Signature Signature | | | | | By ORIGINAL SIGNED BY MIKE WILLIAMS | | | | | | |
| Robert L. Bradshaw SrStaffEnvRep | | | | | SUPERVISOR DISTRICT IS | | | | | | |
| Printed Name 30 April 1991 | | | Title 86-56 | | Title. | | | | | | |
| Date | | Tele | phone No. | | ll | | | | | | |

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.
- 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.