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OIL CONSERVATION DIVISION

P. O. BOX 2088

SEP 2 1982 SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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

C. C. D.
REQUEST OFFICEREQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Converted to Producer

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Shugart (APCO) "A"	Well No. 2	Pool Name, Including Formation Shugart (Y,SR,Q,G)	Kind of Lease State, Federal or Fee Federal LC	Lease No. 029387C
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 29	Township 18S	Range 31E	NMPM, Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 42130, Houston, Texas 77042			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 29	Twp. 18S	Rge. 31E
				Is gas actually connected? Yes
				When Unknown

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir, Diff. Res. <input type="checkbox"/>
Date Spudded 2-4-42	Date Compl. Ready to Prod. 8-9-82		Total Depth 3729'		P.B.T.D. 3621'		
Elevations (DF, RKB, RT, GR, etc.) 3620' DF	Name of Producing Formation Queen		Top Oil/Gas Pay 3260'		Tubing Depth 3597'		
Perforations 3260-3621' (OA)					Depth Casing Shoe -		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	768'	50 SXS.
7 7/8"	5 1/2"	3540'	100 SXS.

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 oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-9-82	Date of Test 8-16-82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr.	Tubing Pressure 20#	Casing Pressure -	Choke Size -
Actual Prod. During Test 60 BO	Oil-Bbls. 60	Water-Bbls. 60	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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. R. Rm
(Signature)

District Operations Engineer

(Title)

8/17/82

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 7 1982, 19

BY Leslie A. Clements

TITLE SUPERVISOR DISTRICT II

This form is to be filed in compliance with RULE 1104.

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 sites
able 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.