

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

MAR 5 1979

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
DIVISION	
SANTA FE	✓
FILE	✓
DATE	
LAND OFFICE	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	

Operator	Southland Royalty Company	O. C. C. ARTESIA, OFFICE
Address	1100 Wall Towers West, Midland, TX 79701	
Person(s) for filing (Check proper box)	Other (Please explain)	
New Well	Change In Transporter of:	Effective 2-1-79
Recompletion	Oil	(Temporarily Abandoned)
Change In Ownership	Casinghead Gas	
	Dry Gas	
	Condensate	

If change of ownership give name and address of previous owner: Shenandoah Oil Corp., 1500 Commerce Bldg., Ft. Worth, TX 76102

F. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Taylor Unit	1	Shugart (Y. SR. Q. G.)	State, Federal or Fee Federal	LC-047800A
Location				
Unit Letter	I	1980 Feet From The south Line and 660 Feet From The east		
Line of Section	12	Township 18S	Range 31E	NMPM, Eddy County

G. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline Co.	P.O. Box 1510, Midland, TX 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)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	12	18	31		

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

H. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.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

I. 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

J. 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.

C. Harney
(Signature)
District Engineer
(Title)
3-1-79
(Date)

OIL CONSERVATION DIVISION

MAR 1 6 1979

APPROVED _____, 12

BY *W. A. Guss*TITLE **SUPERVISOR, DISTRICT 11**

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 deviation logs taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for closure of wells. Well name or number, or transporter, or other such change of condition must be filled for each pool in which