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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

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

APR 23 1993

C. L. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Southland Royalty Company ✓		Well API No. 30-015-22692
Address P. O. Box 51810 - Midland, TX 79710		
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: ☒ Oil ☐ Dry Gas ☒ ☐ Other (Please explain) Recompletion ☐ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 16 Com	Well No. 1	Pool Name, including Formation Turkey Track Morrow	Kind of Lease State, Federal or Fee	Lease No. L2473
Location Unit Letter F : 1980 Feet From The N Line and 1980 Feet From The W Line Section 16 Township 19S Range 29-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate E.O.T.T. Energy Corp. EOTT Energy Operating LP	Address (Give address to which approved copy of this form is to be sent) Box 4666 - Houston, TX 77210		
Name of Authorized Transporter of Casinghead Gas Grand Valley Gathering Company	Address (Give address to which approved copy of this form is to be sent) 4200 E. Skelly Dr., Suite 560, Tulsa, OK 74135		
If well produces oil or liquids, give location of tanks.	Unit F Sec. 16 Twp. 19 Rge. 29	Is gas actually connected? Yes	When? 02/79
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 Res'v	Diff Res'v
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			

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 Tank	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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature
Richard Atchley - Production Assistant

Printed Name
04-22-93 915-633-6944 Title

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 26 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.