

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 20 1980

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

Operator	Southland Royalty Company ✓
Address	1100 Wall Towers West, Midland, Texas 79701
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
	Dual completion Morrow - 3-14-79
	* Atoka - 7-27-80

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "14" Comm.	1	*Atoka	State, Federal or Fee State	K-4587
Location				
Unit Letter	E	1980	Feet From The north	Line and 660
Line of Section		14	Township	19S
Range		29E	NMPM, Eddy	
County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Pasin, Inc.	P.O. Box 2297, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Llano, Inc.	P. O. Box 1320, Hobbs, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	14	19S	29E	No (WOPL) Yes	8-20-80

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

2. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					X
Date Spudded/Entry date	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-7-78/ 7-12-80	8-12-80	11,556'	11,355'					
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Packer @				
3319.2' GF	Atoka	10,760'	11,002'	11,002'				
Perforations	Depth Casing Shoe							
10,760-10,768' Atoka	11,554'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
*14 3/4"	11 3/4"	320'	500 sxs.
11"	8 5/8"	2856'	1200 sxs.
7 7/8"	4 1/2"	11,554'	860 sxs.
Date: 7-29-80 GIH w/2 3/8" tbg.		11,005'	

3. 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 allow-
able 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

*Reentry to dualy complete Atoka & Morrow: Morrow completed 3-14-79

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1439	1 hr.	NONE	
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	3500	-	13/64

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.

Donald R. Craig
(Signature)

District Operation Engineer
(Title)

8-13-80
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 27 1980

BY W. A. Gressitt

TITLE: SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1101.

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
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
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.
This form must be filed for each pool in multiple