

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Southland Royalty Company ✓		RECEIVED
Address 21 Desta Drive, Midland, Texas 79701		JUL 19 1982
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☒	O. C. D.
Change in Ownership ☐	Casinghead Gas ☐	ARTESIA, OFFICE
	Dry Gas ☐	
	Condensate ☐	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

*Dual well in Morrow completed 3/14/79

Lease Name State "14" Com.	Well No. 1	Pool Name, including Formation Turkey Track (Atoka)*	Kind of Lease State, Federal or Fee State	Lease No. K-4587
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>19S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Enron Oil Trading & Transportation Co.
P. O. Box 1188

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Tecoro Crude Oil Company	8700 Tecoro Dr., San Antonio, TX 78286
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	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. E 14 19S 29E
	Is gas actually connected? When Yes 8/20/80

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

VI. 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. RAD by E Roberts
(Signature)
District Operations Engineer
7/14/82
(Date)

OIL CONSERVATION DIVISION

JUL 20 1982

APPROVED _____, 19____
BY John Williams
TITLE OIL AND GAS INSPECTOR

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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowables 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 Form C-104 must be filed for each pool in multiple completions.