

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

RECEIVED

SEP 13 1979

O. C. C.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|---|
| Operator Southland Royalty Company | |
| Address 1100 Wall Towers West, Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|---------------------|
| Lease Name State "16"A Comm | Well No. 1 | Pool Name, Including Formation Turkey Track Morrow | Kind of Lease State, Federal or Fee State | Lease No. E-2943 |
| Location Unit Letter <u>0</u> : <u>990</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>16</u> Township <u>19S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|-------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Basin, Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, Texas 79702 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978 | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 16 |
| | Twp. 19S | Rge. 29E |
| | Is gas actually connected? <u>YES</u> <u>9-9-79</u> | |

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 <input type="checkbox"/> | Gas well <input checked="" type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Reservoir, Diff. Res. <input type="checkbox"/> |
| Date Spudded 5-22-79 | Date Compl. Ready to Prod. 7-17-79 | | Total Depth 11566 | | P.B.T.D. 11515 | | |
| Elevations (DF, RKB, RT, GR, etc.) 3339.1 GR | Name of Producing Formation Morrow | | Top Oil/Gas Pay 11384 | | Tubing Depth 11566 11113 | | |
| Perforations 11384-400, 11408-410, 11421-428, 11444-460 | | | | | Depth Casing Side 11566 | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
| 15" | 11 3/4" | | 280' | | 300 | | |
| 11" | 8 5/8" | | 2800' | | 1200 | | |
| 7 7/8" | 4 1/2" | | 11566' | | 950 | | |
| | 2 3/8" | | 11113 | | | | |

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 582 | Length of Test 1 HR. | Bbls. Condensate/MMCF 0 | Gravity of Condensate 0 |
| Testing Method (prior, back pr.) Back Pr. | Tubing Pressure (shut-in) 2770 | Casing Pressure (shut-in) 0 | Choke Size 10/64 |

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.

C. Harney Carr
(Signature)
District Engineer

(Date)

SEP 13 1979

OIL CONSERVATION DIVISION

APPROVED SEP 21 1979
BY W. A. Gusselt
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 tools taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner.