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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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SEP 4 1980

O. C. S.
ARTERIA, 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 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.E.B. Stuart "13" Comm.	Well No. 1	Pool Name, Including Formation Undesignated (Morrow)	Kind of Lease State, Federal or Fee	State Texas	Lease No. 648
Location Unit Letter J ; 1980 Feet From The East Line and 1980 Feet From The South Line of Section 13 Township 19-S Range 27-E , NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)
Basin, Inc.	511 W. Ohio, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P. O. Box 1492, El Paso, Texas 79999
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
J 13 19-S 27-E	NO WOPL / yes 9-4-80

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1-19-80	Date Compl. Ready to Prod. 4-10-80 (WOPL)	Total Depth 10,888'	P.B.T.D. 10,722'					
Elevations (DF, RKB, RT, GR, etc.) 3489.1 Gr.	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,569'	Tubing Depth 10,313'					
Perforations 2 JSPF from: 10,569-72'; 10,578-80'; 10,666-70'; 10,674-78'; 10,686-92'		Depth Casing Shoe 10,888'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 2/8"	297'	350sxs + 10yd RediMi					
12 1/4"	9 5/8"	2397'	850sxs Class "C"					
8 3/4"	4 1/2"	10,888'	950 sxs Class "H"					
	2 3/8"	10,313'						

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.)	
		Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			1 1/2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 260	Length of Test 24	Bbls. Condensate/MMCF 9.61	Gravity of Condensate 48.6
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 300 psi	Casing Pressure (Shut-in) -	Choke Size 13/64"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donald R Cray
(Signature)
District Operation Engineer
(Title)
August 26, 1980
(Date)

OIL CONSERVATION COMMISSION

SEP 15 1980

APPROVED
BY W. R. Gressett
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 deviation tests 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, well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiply completed wells.