

## OIL CONSERVATION DIVISION

P. O. BOX 2088

OCT 14 1980

SANTA FE, NEW MEXICO 87501

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
Southland Royalty Company ✓Address  
1100 Wall Towers West; Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Request for adjustment in order to  
increase production.If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name J.E.B. Stuart "13" Comm	Well No. 1	Pool Name, including Formation Angel Ranch Atoka Morrow	Kind of Lease State, Federal or Free State	Lease No. 648
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>13</u> Township <u>9-S</u> Range <u>27-E</u> , NMPM, <u>Eddy</u> County				

## 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) 511 W. Ohio, Midland, Texas 79701	
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 79999	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 13
	Twp. 19-S	Rge. 27-E
	Is gas actually connected? <u>Yes</u> When <u>9-4-80</u>	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. Diff. Res'
		X	X				
Date Spudded 1-19-80	Date Compl. Ready to Prod. 4-10-80	Total Depth 10,888	P.B.T.D. 10,722				
Elevations (DF, RKB, RT, GR, etc.) 3489.1GR	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" .n	297'	350 sxs + 10 yds Redi Mix				
12 1/4"	9 5/8"	2397'	850 sxs Class "C"				
8 3/4"	4 1/2"	10,888'	950 sxs Class "H"				
	2 3/8"	10,313'					

## 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 526	Length of Test 24	Bbls. Condensate/MMCF None during test	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2485 psi	Casing Pressure (shut-in) - - - - -	Choke Size 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.

District Operations Engineer  
(Title)10-10-80  
(Date)

## OIL CONSERVATION DIVISION

OCT 17 1980

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

SUPERVISOR, DISTRICT II

TITLE \_\_\_\_\_

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 Forms C-104 must be filed for each pool in multiphase