

OIL CONSERVATION DIVISION

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Form C-104
Revised 10-1-78

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

MAR 14 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

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PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator
Southland Royalty Company

Address
21 Desta Drive, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: *Effective 4-1-83*

Recompletion Oil Dry Gas **Change Oil Transporter**

Change in Ownership Casinghead Gas Condensate

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

1. DESCRIPTION OF WELL AND LEASE

Lease Name State "30-A" <i>Comm</i>	Well No. 1	Pool Name, Including Formation Millman South (Morrow)	Kind of Lease State, Federal or Fee State	Lease No. 648
Location				
Unit Letter B	660 Feet From The North Line and 2200 Feet From The East			
Line of Section 30	Township 19S	Range 28E	County Eddy	

2. 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)
Koch Oil Company	P. O. Box 1558, Breckenridge, Texas 76024
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 Co.	P. O. Box 1492, El Paso, Texas 779978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit B Sec. 30 Twp. 19S Rge. 28E	Yes 11-25-81

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Well, Diff. Prod.
<input checked="" type="checkbox"/>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
Elevations (DF, R.A.D., 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

4. 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

5. 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.

Barbara Carter Nelson
(Signature)

Production Analyst

March 8, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 15 1983**, 19____
Original Signed By
BY **Ledie A. Clement**
TITLE **Supervisor District II**

This form is to be filed in compliance with RULE 1.1.1.
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 tests taken on the well in accordance with RULE 1.1.1.
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 multiple completed wells.