Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico

## hergy, Minerals and Natural Resources Depart.

OIL CONSERVATION DIVISION P.O. Box 2088

RECEMSO

DISTRICT II P.O. Drawer DD, Astesia, NM \$8210

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQU	JEST F	OR A	LLOWA	BLE AND	AUTHORI	ZATION	OCT :: 5 <b>'9</b>	0		
I. TO TRANSPORT OIL AND NATURAL GAS  Operator Southland Royalty Company								API No. Q. C. D.			
Address		ARTESIA. OFFICE									
21 Desta Dr., Midland, TX	79705								<del></del>		
Reason(s) for Filing (Check proper box)		Channa is	. T			ner ( <i>Piease expi</i> equest 25(		set Allowah	No.	-	
New Well Recompletion	Change in Transporter of: Request 2500 Oil Dry Gas Perfs.: 9994'							2'; 9807'-	ле 9852' — 4	buco	
Change in Operator											
If change of operator give name and address of previous operator				10.4.4	1 ,0						
II. DESCRIPTION OF WELL	AND LE	ASE	4/	Mark	- busi	7					
Lease Name Well No. Pool Name, Includi					ing Formation Kind o			of Lease Lease No.			
Parkway "C" State Com.		1	Penr	1 Lime (	<del>Cisco Can</del>	<del>yon)</del> _	Stat	Federal or Fee	L-14	93	
Location Unit Letter F	: 1980		_ Feet Fi	rom The N	orth Li	ne and 1980	Fe	et From The _	Vest	Line	
Section 15 Township	, 19 5	South	Range	29 Eas	st , N	МРМ,		Eddy		County	
III. DESIGNATION OF TRAN	SPORTE			D NATI			····			·••	
Name of Authorized Transporter of Oil Transporter o						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company					P. O. Box 2267, Midland, Texas 79702  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.	ices oil or liquids, Unit Sec. Twp. R			Rge	· · · · · · · · · · · · · · · · · · ·			<del></del>			
If this production is commingled with that f  IV. COMPLETION DATA	ļi	L			gling order nur						
Designate Type of Completion	· (X)	Oil Wel	1 1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready t	o Prod.		Total Depth	1		P.B.T.D.		<b></b>	
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
Perforations								Depth Casing	Depth Casing Shoe		
	-	TURING	CASI	NG ANT	CEMENT	NG RECOR	20	!			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENT	DEPTH SET			SACKS CEMENT		
					<del> </del>						
V. TEST DATA AND REQUES	T FOR A	ALLOW	ABLE		İ						
OIL WELL (Test must be after re									r full 24 hour	rs.)	
Date First New Oil Run To Tank	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 - Bbis	Water - Bbis.			Gas- MCF		
GAS WELL					- <del></del>						
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conder	sate/MMCF		Gravity of Co	odensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	ATE OF	COMF	PLIAN	NCE	1			<u> </u>			
I hereby certify that the rules and regula					(	OIL CON	<b>ISERV</b>	ATION E	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved OCT 5 1990						
Dlot P. Bradelaw						ODICINAL SICAIED DV					
Signature Robert L. Bradshaw Env./Reg. Spec.						By MIKE WILLIAMS  SUPERVISOR, DISTRICT II					
Printed Name Title 04 October 1990 915-686-5678					Title						
Date		Icio	ephone N	ru.	H						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.