

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

JUL 19 1993

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Southland Royalty Company		Well API No. 30-015-23818
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: Plugged back from the Parkway Upper Penn to the Turkey Track Bone Spring Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parkway "C" State	Well No. 1	Pool Name, including Formation Turkey Track (Bone Spring)	Kind of Lease State, Federal or Fee State	Lease No. L-1493
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line Section 15 Township 19S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Energy Corp.	<input checked="" type="checkbox"/> EOTT Energy Operating LP Effective 4-1-94	Address (Give address to which approved copy of this form is to be sent) Box 4666, Houston, TX 77210				
Name of Authorized Transporter of Casinghead Gas Grand Valley Gathering Co.	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4200 E. Skelly Dr., Ste 360, Tulsa, OK 74135				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 15	Twp. 19	Rge. 29	Is gas actually connected? No	When?

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 X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 6-16-93	Date Compl. Ready to Prod. 6-16-93	Total Depth 10350'		P.B.T.D. 9700' TOC				
Elevations (DF, RKB, RT, GR, etc.) 3339.1 GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 7939		Tubing Depth 2-7/8" @ 7819'			
Perforations 7939-7978' 2nd Bone Spring					Depth Casing Shoe 10,848'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	11 3/4" 42#		225'		450 sxs - SURFACE			
11"	8 5/8" 24#		2750'		1000 sxs - SURFACE			
7 7/8"	5 1/2" 17#		10848'		1000 SXS - TOC @ 6900'			
CALCUATED								

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 Tank 6-27-93	Date of Test 7-16-93	Producing Method (Flow, pump, gas lift, etc.) 2 1/2" X 1-1/4" X 24' RHBC PUMP	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size Post ID-2 7-20-93 P&H w/turn 72 comp BS
Actual Prod. During Test	Oil - Bbls. 38	Water - Bbls. 26	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 39.1
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature
MARIA L. PEREZ
Printed Name
7-16-93
Date
Title
PROD. ASST.
915-688-6906
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 20 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.