

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Southland Royalty Co.	Well API No. MAY - 7 1991
Address P.O. Box 51810, Midland, TX 79710-1810	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input 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	

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 7/23/91
UNLESS AN EXCEPTION FROM
THE D. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Comanche Federal	Well No. 1	Pool Name, Including Formation Shugart (Grayburg)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-047800 (a)
Location Unit Letter J 2310' Feet From The South Line and 2180' Feet From The East Line Section 12 Township 18S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Koch	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2256 Wichita, Kansas 67201
Name of Authorized Transporter of Casinghead Gas Conoco	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1959, Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 12
	Twp. 18S	Rge. 31E

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
Date Spudded 3/8/91	Date Compl. Ready to Prod. 3/29/91		Total Depth 6000'		P.B.T.D. 5967'			
Elevations (DF, RKB, RT, GR, etc.) 3768' GR	Name of Producing Formation Grayburg		Top Oil/Gas Pay 4275'		Tubing Depth 4218.85			
Perforations 4258' - 4302'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 427'		SACKS CEMENT 385 sx Class C (Circ)			
7-7/8"	5-1/2"		6000'		1623 sx C-Lite			
					Post ID-2 5-12-91 camp & BIR			

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 4/18/91	Date of Test 4/17/91	Producing Method (Flow, pump, gas lift, etc.) Pump 2-1/2" X 1-1/2" X 20' RHBH	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure	Choke Size 2" Line
Actual Prod. During Test	Oil - Bbls. 27	Water - Bbls. 101	Gas- MCF 0.6

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

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
Robert L. Bradshaw
Printed Name
5/1/91
Date
Sr. Env. Rep.
Title
915-686-5678
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 23 1991

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.