OIL CONSERVATION DIVISION   RE____

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501   JUL __

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-1-78

Distribution		
Santa Fe	I	
File	I	
U.S.G.S.		
Land Office		
Transporter — Oil	I	
— Gas	I	
Operator	I	
Proration Office		

Operator
Southland Royalty Company

Address
21 Desta Drive, Midland, Texas   79701

Reason(s) for filing (Check proper box)

New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☒ Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐	

Other (Please explain)
Also changing operator's address

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including _Morrow_	Kind of Lease State, Federal or Fee		Lease No.
State "2" Com.	1	Angel Ranch (Morrow) _Gas_	State	State	L-6957

Location

Unit Letter __G__ ; __1980__ Feet From The __North__ Line and __1980__ Feet From The __East__

Line of Section __2__   Township __20__   Range ~~28S~~ 27 , NMPM, ~~NE~~   Eddy   County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Tesoro Crude Oil Company	8700 Tesoro Dr., San Antonio, Texas 78286
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	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 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	2	20S	27E	Yes	11-29-79

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.	
Elevations (DF, RKB, 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

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

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.

F.N. RAO by D. Roberts
(Signature)

District Operations Engineer
(Title)

7/9/82
(Date)

OIL CONSERVATION DIVISION

APPROVED   **JUL 2 0 1982** , 19 ___

BY   _____

TITLE   **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE ____.

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 multiple...