

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

Wood & Locker, Inc. ✓

JUL 28 1982

Address

600 Energy Square, 505 N. Big Spring, Midland, Texas 79701-8602 O. C. D.

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)

ARTESIA, OFFICE

CASINGHEAD GAS MUST NOT BE
FLARED UNDER 12/19/82
UNLESS AN EXCEPTION TO Rule 704

IS OBTAINED

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Southland State	1	Wildcat - Bone Springs	State, Federal or Fee State	L-6708
Location				
Unit Letter	H	2080 Feet From The North Line and 660 Feet From The East		
Line of Section	Township	25S	Range	27E
			NMPM,	Eddy
				County

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Purchasing Company	Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	1	25S	27E	No	---

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10-19-82	2-17-82		7002'		8666'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3092' GR - 3104' KB	Bone Spring		6026'		6450'			
Perforations					Depth Casing Shoe			
6026-6113', 6185-6338', 6442-6566'					7002'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		2259'		925			
7-7/8"	4-1/2"		7002'		1275			
18"	14"		40'		28			

4. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
3-1-82	5-29-82	Pumping - 2" x 1 1/4" x 18'	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs	15 psig	15 psig	N/A
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	5	23	285

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.

D. M. Johnson

(Signature)

Drilling & Production Manager

(Title)

7-23-82

(Date)

OIL CONSERVATION DIVISION

APPROVED

OCT 19 1982

, 19

BY

Original Signed By

Leslie A. Clements

TITLE

Supervisor District II

This form is to be filed in compliance with RULE 1104.

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 multiply completed wells.