

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

NAME OF THE TRANSPORTER	DATE	
OPERATION		
PRINCIPAL OFFICE		

**I. OPERATOR**

**Southland Royalty Company**

**Address**  
1100 Wall Towers West, Midland, Tx. 79701

**Reason(s) for filing (Check proper box)**

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Coalinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

**Other (Please explain)**  
Effective 2-1-79

If change of ownership give name and address of previous owner: Shenandoah Oil Corp., 1500 Commerce Bldg., Ft. Worth, Tx. 76102

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Phillips State	6	Maljamar (G.S.A.)	State, Federal or Free State	B-2148

**Location**

Unit Letter K ; 1960 Feet From The South Line and 1650 Feet From The West

Line of Section 16 Township 17S Range 33E , SE1/4 , Lea County

**III. 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)
Texas-New Mexico Pipeline	P.O. Box 1510-Midland, Tx. 79702
Name of Authorized Transporter of Coalinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	4001 Penbrook, Odessa, Tx. 79762

If well produces oil or liquids, give location of tanks. Unit K Sec. 16 Twp. 17S Rge. 33E Is gas actually connected? Yes When Unknown

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	Well over	Deepen	Plug Back	Same Well, Diff. Rev.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.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

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of fluid oil and must be equal to or exceed top oil able 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 pt.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. 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.

C. Honey  
(Signature)  
**District Engineer**  
(Title)  
3-1-79  
(Date)

**OIL CONSERVATION DIVISION**

APPROVED MAR 13 1979  
BY Jerry Suter  
TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 105.  
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 logs taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowables 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 conditions.  
Separate Forms O-104 must be filed for each pool in multiple completed wells.