

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-1-78

OCT 21 1980

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES PREPARED	4
DISTRIBUTION	
SANITARY	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator
Southland Royalty Company

Address
1100 Wall Towers West 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)
CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-1-80 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

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

1. DESCRIPTION OF WELL AND LEASE

Lease Name Parkway "B" State	Well No. 1	Pool Name, Including Formation Wildcat (Wolfcamp)	Kind of Lease State, Federal or Fee State	Lease No. L-4893
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 15 Township 19-S Range 29-E , N.M.P.M., 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"/> Basin Inc.	Address (Give address to which approved copy of this form is to be sent) 511 W. Ohio, Midland, Texas 79701
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 I Sec. 15 Twp. 19-S Rge. 29-E Is gas actually connected? <input type="checkbox"/> When _____

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Reservoir <input type="checkbox"/>	Diff. Reservoir <input type="checkbox"/>
Date Spudded 8-5-80	Date Compl. Ready to Prod. 9-20-80	Total Depth 10,590'		P.B.T.D.				
Elevations (DF, RAB, RT, GR, etc.) 3306' GR	Name of Producing Formation Wildcat (Wolfcamp)	Top Oil/Gas Pay 9044'		Tubing Depth 8943'				
Perforations 1 JSPF 9044 - 9066'				Depth Casing Shoe 10,577'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	248'	300 sxs + 16 yd Redi-Mix
11"	8 5/8"	2800'	1100 sxs
7 7/8"	5 1/2"	10,577'	800 sxs Top Cmt @ 6890',
	2-3/8"	8943'	by Temp. Survey

4. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top oil flow for this depth or be for full 24 hours)

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Date First New Oil Run To Tanks 9-20-80	Date of Test 9-29-80	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hr	Tubing Pressure 50#	Casing Pressure ---
Actual Prod. During Test 64 BO	Oil-Bbls. 64	Water-Bbls. ---
		Choke Size 1/4"
		Gas-MCF ---

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

CC Parsons
(Signature)
District Operations Engineer
10-8-80
(Date)

OIL CONSERVATION DIVISION
OCT 23 1980

APPROVED _____ IS _____
BY **W.A. Gessert**
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. Form C-104 must be filed for each pool in multiple.