

OIL CONSERVATION DIVISION
 P. O. BOX 2018
 SANTA FE, NEW MEXICO 87501

RECEIVED

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 5 1979

J. C. C.
 ARTESIA, OFFICE

| | |
|------------------------|---|
| NO. OF COPIES RECEIVED | 4 |
| DEFINITION | |
| DATE | 1 |
| FILE | 1 |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | 1 |
| OIL | |
| GAS | |
| OPERATION | 1 |
| OPERATION OFFICE | |

Operator
 Southland Royalty Company ✓

Address
 1100 Wall Towers West, Midland, TX 79701

Reason(s) for filing (check proper box) Other (Please explain)

| | | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|---|
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Effective 2-1-79 (Temporarily Abandoned) |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | |
| Change in Ownership | <input checked="" type="checkbox"/> | Coalbed Gas | <input type="checkbox"/> | |
| | | Dry Gas | <input type="checkbox"/> | |
| | | Condensate | <input type="checkbox"/> | |

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|-------------------------|
| Lessee Name Taylor Unit | Well No. 8 | Pool Name, including Formation Shugart (Y. SR. Q. G.) | Kind of Lease State, Federal or Fee Federal | Lease No. LC-047800A |
| Location Unit Letter <u>O</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>east</u> | | | | |
| Line of Section <u>12</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, TX 79702 |
| Name of Authorized Transporter of Coalbed Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | 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: <u>N</u> Sec.: <u>12</u> Twp.: <u>18S</u> Rge.: <u>31E</u> | Is gas actually connected? <u>No</u> When: |

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 Resv. | Diff. Resv. |
| 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 fr.) | 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.

C. Harvey
 District Engineer
 3-1-79

OIL CONSERVATION DIVISION
 APPROVED **MAR 16 1979**
 BY *W. A. Gressett*
 TITLE **SUPERVISOR, DISTRICT 11**

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 change of owner, well name or number, or transporter or other such change of condition.
 This form must be filed for each pool in field.