

OIL CONSERVATION DIVISION
 P. O. BOX 2000
 SANTA FE, NEW MEXICO 87501

RECEIVED
 MAR 13 1979

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
STATE	1
FILE	1
LAND OFFICE	
TRANSPORTER	
OPERATOR	1
REGISTRATION OFFICE	

Operator: Southland Royalty Company

O. C. C.
 ARTESIA, OFFICE

Address: 1100 Wall Towers West, Midland, Tx 79701

Reason(s) for filing (check proper box):
 New Well Change in Transporter of:
 Recombination Oil Dry Gas Effective 2-1-79
 Change in Ownership Casinghead Gas Condensate Temporarily Abandoned

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Keohane et al D Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Shugart (Y.SR.O.G.)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>029387</u>
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>19</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 type="checkbox"/> or Condensate <input type="checkbox"/> <u>None Well T.A.</u>	Address (Give address to which approved copy of this form is to be sent)
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

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'v.
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.

C. Harvey Carr
 (Signature)
 District Engineer
 (Title)
 3-1-79
 (Date)

OIL CONSERVATION DIVISION

APPROVED MAR 16 1979, 19__

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

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 multiple.