

JAN 5 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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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)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Parkway "C" State Com.	Well No. 1	Pool Name, Including Formation Turkey Track (Atoka)	Kind of Lease State, Federal or Fee State	Lease No. L-1493
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>west</u> Line of Section <u>15</u> Township <u>19S</u> Range <u>29E</u> , NMPL, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 15	Twp. 19S	Rge. 29E
	Is gas actually connected?		When	
	yes		12-31-81	

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't.	Diff. Res't.
		X	X					
Date Spudded 7-16-81	Date Compl. Ready to Prod. 12-10-81	Total Depth 10,850'	P.B.T.D. 10,800'					
Elevations (DF, RAB, RT, GR, etc.) 3339.1' GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 10,750'	Tubing Depth 10,634'					
Perforations 10,750-10,760'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
17 1/2"	11 3/4"	42#	225'	450 sx.
11"	8 5/8"	24#	2750'	1000 sx.
7 7/8"	5 1/2"	17#	10,848'	850 sx. + 20' = 1122
	2 3/8"	4.70#	10,848' - 10,848'	

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 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 300	Length of Test 24 hrs.	Bbls. Condensate/MCF 16.7	Gravity of Condensate 57.5
Testing Method (prior, back pr.) Back Pr.	Tubing Pressure (Shut-in) 3475#	Casing Pressure (Shut-in) NA	Choke Size .5000"

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.

[Signature]
(Signature)

District Production Manager

(Title)

12-31-81

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 6 1982, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 100.

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 101.

All sections of this form must be filled out completely for all wells 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. Section C-104 must be filed for each pool in which