

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

OCT 16 1991

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

O. C. D.
ARTESIA OFFICE

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SOUTHLAND ROYALTY COMPANY ✓	Well API No. 30-015-2667
Address P.O. Box 51810, Midland, TX 79710-1810	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SHUGART "A"	Well No. 11	Pool Name, Including Formation SHUGART (Y, 7R, QN, GB)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-029387-A
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>29</u> Township <u>18-S</u> Range <u>31-E</u> , <u>NMPM</u> , <u>EDDY</u> 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"/> 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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ST., ODESSA, TX. 79762					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 29	Twp. 18S	Rge. 31E	Is gas actually connected? YES	When? 9-11-91

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-23-91	Date Compl. Ready to Prod. 5-3-91		Total Depth 3921'		P.B.T.D. 3715'			
Elevations (DF, RKB, RT, GR, etc.) 3584' GR	Name of Producing Formation YATES, PREMIER		Top Oil/Gas Pay 2574'		Tubing Depth 2-7/8" @ 3484.21'			
Perforations 2574'-3631'					Depth Casing Shoe 3921'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		520'		450 SXS - SURFACE			
7-7/8"	5-1/2"		3921'		1275 SXS - SURFACE			
					Post ID-2 11-1-91			

V. 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 Tank 9-11-91	Date of Test 10-10-91	Producing Method (Flow, pump, gas lift, etc.) 2-1/2" X 1-1/2" X 18' RHBC PUMP	
Length of Test 24 HRS	Tubing Pressure 35#	Casing Pressure 0#	Choke Size
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 8	Gas - MCF 5

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

VI. OPERATOR 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 Maria L. Perez PROD. ASST.
Printed Name MARIA L. PEREZ Title
Date 10-14-91 Telephone No. 915-688-6906

OIL CONSERVATION DIVISION

OCT 24 1991

Date Approved

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.