

OIL CONSERVATION DIVISION

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

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O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	7
FILE	1
U.S.G.S.	
LAND OFFICE	1
TRANSPORTER	1
OPERATOR	1
PRODUCTION OFFICE	

Address Southland Royalty Company
1100 Wall Towers West Midland, Texas 79701

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

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Coalhead Gas Condensate
 Change in Ownership

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

DESCRIPTION OF WELL AND LEASE R-6758 8-26-81

Lease Name <u>Citgo Federal com 5</u>	Well No. <u>1</u>	Producing Formation <u>N. Burton Flat Undesignated (Strawn)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 28714</u>
Location Unit Letter <u>B</u> <u>660</u> Feet From The <u>North</u> Line and <u>2130</u> Feet From The <u>East</u> 1980	Line of Section <u>5</u>	Township <u>20-S</u>	Range <u>28-E</u>	County <u>Eddy</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Basin Incorporated</u>	Address (Give address to which approved copy of this form is to be sent) <u>511 W. Ohio Midland, TX 79701</u>
Name of Authorized Transporter of Coalhead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492 El Paso, TX 79999</u>
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>5</u> Twp. <u>20-S</u> Rge. <u>28-E</u>	Is gas actually connected? When <u>Yes</u> <u>7-10-81</u> No (SI-WFL)

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 Well	Diff. Well
		X	X					
Date Spudded <u>3/29/80</u>	Date Compl. Ready to Prod. <u>4/17/81</u>	Total Depth <u>11,198</u>	P.B.T.D. <u>10,355'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3328.6' GR</u>	Name of Producing Formation <u>Strawn, Undesignated</u>	Top Oil/Gas Pay <u>10,135'</u>	Tubing Depth <u>10,029'</u>					
Perforations <u>10,135-10,154' Strawn</u>			Depth Casing Shoe <u>11,198</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	325'	350 sxs Cl "C"
11"	8 5/8"	2600'	1150 sxs Lite & Cl "C"
7 7/8"	4 1/2"	11,198'	1125 sxs Lite & Cl "C"
	2 3/8"	10,029'	

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <u>1054</u>	Length of Test <u>1 Hr.</u>	Bbls. Condensate/MMCF <u>3.08 BO</u>	Gravity of Condensate <u>55</u>
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>3244</u>	Casing Pressure (Shut-in)	Choke Size <u>14/64</u>

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 Jones
(Signature)
District Operations Engineer
7-7-81
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 13 1981
BY W.A. Gressitt
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 district tests taken on the well in accordance with RULE 101.
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 conditions.
Separate Form C-104 must be filed for each pool in multi-completed wells.