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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Southland Royalty Company  
Address  
1405 Wilco Bldg., 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) Request for allowable  
for incidental oil recovered from  
Inbe-North Bagley Salt Water Dis-  
posal System operated by  
Southland Royalty Company.  
If change of ownership give name  
and address of previous owner -

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "D"	Well No. 1	Pool Name, including Formation Inbe-North Bagley (Bough "C")	Kind of Lease State, Federal or Fee State	Lease No. OG-1829
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East Line of Section 31 Township 10-S Range 33-E , NMPM, Lea 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead 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 H	Sec. 31	Twp. 10S	Rge. 33E	Is gas actually connected? No	When -

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) salt water disposal well	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-2-67 (re-entry)	Date Compl. Ready to Prod. 5-16-67	Total Depth 12,253'		P.B.T.D. -				
Elevations (DF, RKB, RT, GR, etc.) 4236' GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 12,016'		Tubing Depth 11,994			
Perforations 12016-12024, 12070-74, 12087-93, 12116-34, and 12140-47 with two 1/2" JPF					Depth Casing Shoe 12,250			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	13 3/8		360		Cement circ.			
	8 5/8		3780		Cement circ.			
	5 1/2		3555-12,250'		446			

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 Tanks Allowable requested for salvage or incidental oil recovered from collection	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test tank at salt water disposal well. Estimated to be 50-150 bbls./month.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

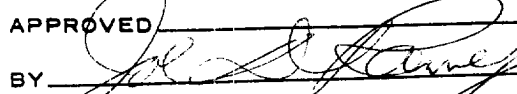
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
District Engineer  
(Title)  
March 25, 1968  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE \_\_\_\_\_

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 multiply completed wells.