

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

Aug 25 1 22 PM '65

Operator Southland Royalty Company	
Address 1405 Wilco Bldg., Midland, Texas 79704	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Farrar	Well No. 1	Pool Name, Including Formation Undesig. (Inbe Penn. Ext.)	Kind of Lease State, Federal or Fee Fee
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 13 , Township 11-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"/> Pan American Petroleum Corp. (Trucks)	Address (Give address to which approved copy of this form is to be sent) Box 1725, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 966, Lovington, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 13	Twp. 11-S
	Rge. 33-E	Is gas actually connected? No	When As soon as possible

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 6-29-65	Date Compl. Ready to Prod. 8-19-65	Total Depth 9798	P.B.T.D. 9762					
Pool Undesignated	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 9734	Tubing Depth 9718					
Perforations 9734-9748	Depth Casing Shoe 9798							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	373	225 + 2% gel & 125					
11	8 5/8	3950	500 + 8% gel & 150					
7 7/8	5 1/2	9798	450 + 12% gel & 40					
	2 7/8	9718						

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 8-21-65	Date of Test 8-25-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 613	Oil - Bbls. 192	Water - Bbls. 421	Gas - MCF 236.5

GAS WELL

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

M. D. Frazier
M. D. Frazier (Signature)
Engineer (Title)
August 25, 1965 (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 Sections I, II, III, and VI only 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.