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	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL O	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS PM *65
I.	PRORATION OFFICE (aperdior	_		
	Southland Royalty Company Address			
	1405 Wilco Bldg.	·	9704	
	Reason(s) for filing (Check proper box, New Well) Change in Transporter of:	Other (Please explain)	
	Recompletion:	Oil X Dry Ga	 	
	Change in Ownership	Casinghead Gas Conden	nsate	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Nar	me, Including Formation	Kind of Lease State, Federal or Fee
	Farrar "A"	1	Inbe (Penn.)	State, Federal of Fee Fee
	Unit Letter A ; 66	O Feet From The North Line	e and 810 Feet From	The <u>East</u>
	Line of Section 13 , Tow	vnship 11-S Range	33-E , NMPM, Lea	County
				<i>C</i> F
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	s *Effective 11-15- Address (Give address to which approx	
	Service Pipe Line	Company moco Pipeline Co.	P.O. Box 337, Midla	
	Name of Authorized Transporter of Cas Warren Petroleum		Address (Give address to which approx Box 966, Lovington,	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	
	give location of tanks.	A 13 11-S 33-E		ctober 21, 1965
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,		
	Designate Type of Completio	on - (X) Oil Well Gas Well	New Well Workover Deeper.	Plug Back Same Restv. Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND		CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		,		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil (and must be equal to or exceed top allow-
			pth or be for full 24 hours) 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED , 19	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		В	
			TITLE	
	(M) (Man)		This form is to be filed in c	ompliance with RULE 1104.
	Seed B. Balance (Signa	ture)	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	
	Carl P. Belew (Signature) Production Clerk		tests taken on the well in accord	dance with RULE 111.
	(Tit)	(0)	All sections of this form must be filled out completely for allow-	

November 8, 1965 (Date)

able 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.