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

JUN 13 11 36 AM '67

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: Oil ☐ Dry Gas ☐
Production ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell-State	Well No. 1	Pool Name, Including Formation Undesig. (Inbe-Penn.) Ext. <i>Inbe-Penn. Pennsylvanian R-3295</i>	Kind of Lease State, Federal or Fee State
Location Unit Letter D , 555 Feet From The North Line and 555 Feet From The West Line of Section 19 , Township 11-S , Range 34-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"/> Service Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1979, Tulsa, Oklahoma	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 966, Lovington, New Mexico	
If well produces oil or liquids, give location of tanks. E 19 11S 34E	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) X	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest'y. <input type="checkbox"/> Diff. Rest'y. <input type="checkbox"/>		
Date Spudded 5-1-67	Date Compl. Ready to Prod. 6-8-67	Total Depth 9890	P.B.T.D. 9860
Pool Undesig. (Inbe-Penn. Ext.)	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9814	Tubing Depth 9815
Perforations 9814-31	Depth Casing Shoe 9860		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4	370	370 sx (circ.)
11"	8 5/8	3972	700 sx
7 7/8"	5 1/2	9890	525 sx
	2 7/8" EUE	9815	

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 6-8-67	Date of Test 6-10-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 200	Casing Pressure 0 - Packer	Choke Size 32/64"
Actual Prod. During Test 408	Oil-Bbls. 347	Water-Bbls. 61	Gas-MCF 416

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.

C.H. Can
(Signature)

District Engineer

(Title)

June 12, 1967

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.

