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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

COPY

I. Operator
Southland Royalty Company
Address
1405 Wilco Bldg., Midland, Texas 79701
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vada-State	Well No. 1	Pool Name, Including Formation Undesig. (Vada-Penn. Ext.)	Kind of Lease State, Federal or Fee State	Lease No. K-5351
Location Unit Letter D 660 Feet From The North Line and 660 Feet From The West Line of Section 32 Township 9-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"/> Pan American Petroleum Corp. (Trucks)	Address (Give address to which approved copy of this form is to be sent) Box 1725, 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 F	Sec. 32	Twp. 9-S	Rge. 34-E	Is gas actually connected? NO	When Unknown

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-29-68	Date Compl. Ready to Prod. 4-8-68		Total Depth 9890		P.B.T.D. 9856			
Elevations (DF, RKB, RT, GR, etc.) 4277.7 GR	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9824		Tubing Depth 9800			
Perforations 9824-9842					Depth Casing Shoe 9890			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	11 3/4		382		400			
11"	8 5/8		4038		750			
7 7/8"	5 1/2		9890		525			
	2 7/8"		9802					

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 4-9-68	Date of Test 4-15-68	Producing Method (Flow, pump, gas lift, etc.) Hydraulic Pump	
Length of Test 24 hrs.	Tubing Pressure Open	Casing Pressure -	Choke Size Open
Actual Prod. During Test 405	Oil-Bbls. 195	Water-Bbls. 210	Gas-MCF 263

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)

4-16-68
(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.