NO. OF COPIES REC	EIVED	1	
DISTRIBUTION		1	
SANTA FE		1	
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

III.

IV.

NO. OF COPIES RECEIVED					~~		•
DISTRIBUTION							
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104		
FILE	KEU	11118B	OR ALLE	A.A. C.		Supersedes Oi Effective 1-1-	ld C-104 and C+11
U.S.G.S.							-
LAND OFFICE	AUTHORIZATION T	May II	ISTHICKS	MAR.	NATURAL	GAS	
TRANSPORTER OIL GAS		PIRI 17	11 20	781 00			
OPERATOR							
PRORATION OFFICE							
Southland Royalty	y Company			····			
Address			708	<del></del>			
1405 Wilco Bldg.	, Midland, Texas	7970	l				
Reason(s) for filing (Check proper b	ox)	·-·· ,.	0	her (Please	explain)		<del></del>
New Well	Change in Transporter of:						
Recompletion	011	Dry Gas					
Change in Ownership	Casinghead Gas	Condens	ate 🗌				
If change of ownership give name and address of previous owner					gen gr		
DESCRIPTION OF WELL AND		<i>,</i>	1 / 1			01600	1.
Lease Name	Well No. Pool Name, Incl	•			Kind of Leas		Lease No.
Location	2 Undesig.	• (ETZ	ying M	Base .)	State, Feder	al or Fee Fee	_  <u> </u>
<i>i</i> • • • • • • • • • • • • • • • • • • •	200	_	212	`			
	Feet From The South		-		_Feet From	The East	
Line of Section 28 T	ownship 9–S Rar	nge 🤅	33-E	, NMPM,		Lea	County
DESIGNATION OF TRANSPOL Name of Authorized Transporter of C		AL GAS	8 da (C)		···		
		1	Address (Gi	e address to	o which appro		
	1 ~ ······ ~ · · · ·	1				oved copy of this form is	
Mobil Pipe Line (			P.O. I	30x 900	), Dall	as, Texas 7	5221
Name of Authorized Transporter of C			P.O. I	30x 900	), Dall		5221
	asinghead Gas or Dry Gas [		P.O. I Address (Gir	30x 900 re address to	Dall which appro	as, Texas 7 oved copy of this form is	5221
Name of Authorized Transporter of C None If well produces oil or liquids,	asinghead Gas or Dry Gas [   Unit   Sec.   Twp.   F	Rge. I	P.O. I Address (Gir  -	30x 900 re address to	Dall which appro	as, Texas 7	5221
Name of Authorized Transporter of C None If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   F	ege. 1	P.O. I Address (Gin  — Is gas actua	BOX 900  e address to	Dall which appro	as, Texas 7 oved copy of this form is	5221
Name of Authorized Transporter of C NONE If well produces oil or liquids, give location of tanks.  f this production is commingled w	Unit   Sec.   Twp.   F	ege. 1	P.O. I Address (Gin  — Is gas actua	BOX 900  e address to	Dall which appro	as, Texas 7 oved copy of this form is	5221
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Name of Authorized Transporter of C NONE If well produces oil or liquids, give location of tanks.  f this production is commingled w	unit Sec. Twp. F  J 28 9-S 3  With that from any other lease of Single Control	Rge. 133-E	P.O. I Address (Gin Is gas actua NO ve commin	BOX 900 re address to	D, Dall o which appro	as, Texas 7  oved copy of this form is a  nen  -	5221
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Name of Authorized Transporter of C None  If well produces oil or liquids, give location of tanks.  If this production is commingled well production to the completion of Completion Data  Designate Type of Completion Spudded	unit   Sec.   Twp.   For   For   Twp.   For   For   Twp.   For	Pge. 1	P.O. I Address (Gines and Section No. No. No. New Well X. Total Depth	BOX 900 we address to	D, Dall o which appro	nen - Plug Back   Same Res	5221 to be sent)
Name of Authorized Transporter of C NONE  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the complet of Complet Type of Complet  Date Spudded  4-15-68	unit Sec. Twp. F  Unit Sec. Twp. F  J 28 9-S 3  With that from any other lease of Sec. Sec. Twp. F  Oil Well Gas  I Date Compl. Ready to Prod. Sec. Twp. F  5-12-68	Rge. 133-E r pool, gi	P.O. I Address (Gin — Is gas actua NO ve comminative Well	BOX 900 e address to	D, Dall o which appro	P.B.T.D.	5221 to be sent)
Name of Authorized Transporter of C NONE  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completed Date Spudded  4-15-68  Elevations (DF, RKB, RT, GR, etc.)	asinghead Gas or Dry Gas [  Unit Sec. Twp. F  J 28 9-S 3  With that from any other lease of Sec. Twp. F  Oil Well Gas  Ion - (X) $X$ Date Compl. Ready to Prod. $5-12-68$ Name of Producing Formation	Rge. 133-E r pool, gi	P.O. I Address (Gir  Is gas actua  NO ve commin  New Well  X Total Depth  4600 Top Oil/Gas	BOX 900 e address to	D, Dall o which appro	P.B.T.D.  4570  Tubing Depth	5221 to be sent)
Name of Authorized Transporter of C NONE  If well produces oil or liquids, give location of tanks.  f this production is commingled w	unit Sec. Twp. F  Unit Sec. Twp. F  J 28 9-S 3  With that from any other lease of Sec. Sec. Twp. F  Oil Well Gas  I Date Compl. Ready to Prod. Sec. Twp. F  5-12-68	Rge. 133-E r pool, gi	P.O. I Address (Gin No Is gas actua NO ve commin X Total Depth 4600	BOX 900 e address to	D, Dall o which appro	P.B.T.D. 4570 Tubing Depth	5221 to be sent)
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Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)	
4-28-68	5-12-68	Pumping	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24	-	_	_	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
126	126	0	66.4	

GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	<del></del>	<del>+</del>			
i	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
			1	•	

APPROVED

## 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

May 13, 1968

(Title)

(Date)

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.

QIL CONSERVATION COMMISSION

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.