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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

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

I.

Operator
Southland Royalty Company

Address
1405 Wilco Bldg., Midland, Texas   79701

Reason(s) for filing *(Check proper box)*

New Well [x]   Change in Transporter of: Other *(Please explain)*

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "A"	1	Undesig. (Inbe-Permo Penn. Ext.) *Inbe Permo-Pennsylvanian K-1505*	State, Federal or Fee **State**	K-2519

Location

Unit Letter __O__ ; __660__ Feet From The __South__ Line and __2080__ Feet From The __East__

Line of Section 5   Township 11-S   Range 34-E , NMPM,   **Lea**   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]   Address *(Give address to which approved copy of this form is to be sent)*

Pan American Petroleum (Trucks)   **P.O. Box 1725, Midland, Texas   79701**

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]   Address *(Give address to which approved copy of this form is to be sent)*

None   –

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	5	11-S	34-E	No	–

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-25-68	9-1-68	9995'	9965'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4213' RKB	Bough "C"	9915	9940'

Perforations		Depth Casing Shoe
9919-42'		9995'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	380'	375
11"	8 5/8"	3985'	650
7 7/8"	5 1/2"	9995'	525

V. TEST DATA AND REQUEST FOR ALLOWABLE   *(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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
9-1-68	9-1-68	Flowing	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
17 hrs.	250	Packer	24/64"

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
500	310	190	417

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.

C. H. Carr (Signature)

District Engineer (Title)

September 3, 1968 (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.