

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
Southern Minerals Corporation
Address
P. O. Box 716, Corpus Christi, Texas 78403

Reason(s) for filing (Check proper box)
 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 State "D"	Well No. 3	Pool Name, Including Formation Inbe-Penn	Kind of Lease State, other State	Lease No.
Location Unit Letter B , 510 Feet From The North Line and 1980 Feet From The East Line of Section 8 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) 3411 Knoxville Ave., Lubbock, Texas 79413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit B Sec. 8 Twp. 11-S Rge. 34-E Is gas actually connected? Yes When 2-12-69

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-25-68	Date Compl. Ready to Prod. 2-10-69	Total Depth 10,010 by Schlumberger	P.B.T.D. 9962					
Elevations (DF, RKB, RT, GR, etc.) 4203.5 G.L.	Name of Producing Formation Bough "C" Penn	Top Oil/Gas Pay 9926-9944	Porosity		Tubing Depth 9893			
Perforations 9926-9944 W/w - 1/2" bullets per foot				Depth Casing Shoe 10,007				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	399'	385
11"	8-5/8"	4070'	300
7-7/8"	5 1/2"	10007'	175

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)

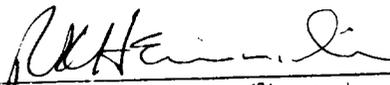
Date First New Oil Run To Tanks 2-12-69	Date of Test 2-16-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24-3/4 hours	Tubing Pressure 220#	Casing Pressure Sealed	Choke Size 18/64
Actual Prod. During Test 295.7	Oil - Bbls. 286.9	Water - Bbls. 54.6	Gas - MCF 387.1

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.

 (R. K. Heinrich)
 (Signature)
Authorized Employee
 (Title)
March 4, 1969
 (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.