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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

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 ☐
Other (Please explain)

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, San Antonio 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?			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)

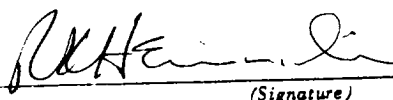
Date First New Oil Run To Tanks 2-12-69	Date of Test 2-16-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24-3/4 hours	Tubing Pressure 220#	Casing Pressure Sealed	Choke Size 18/64
Actual Prod. During Test 295.7	Oil-Bbls. 286.9	Water-Bbls. 54.6	Gas-MCF 387.1

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

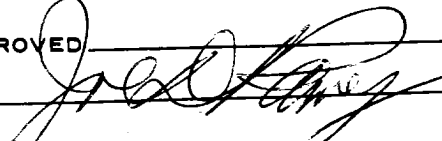
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

 (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.