

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Southland Royalty Company**  
Address  
**21 Desta Drive, Midland, Texas 79705**  
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 **R-7714 11-1-84**  
Lease Name **Good State Com** Well No. **2** Pool Name, including Formation **Baum (Upper Penn)** Kind of Lease **State, Federal or Fee** State **State** Lease No. **V868**  
Location  
Unit Letter **C** ; **660** Feet From The **North** Line and **1980** Feet From The **West**  
Line of Section **35** Township **13S** Range **32E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS **SCURLOCK PERMIAN CORP EFF 9-1-91**  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**The Permian Corp. Permian (Eff. 9 / 1 / 87)** Address (Give address to which approved copy of this form is to be sent)  
**Box 3110, Midland, Texas 79702**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Warren Petroleum Co.** Address (Give address to which approved copy of this form is to be sent)  
**Box 1589, Tulsa, OK 74101**  
If well produces oil or liquids, give location of tanks. Unit **K** Sec. **26** Twp. **13S** Rge. **32E** Is gas actually connected? **Yes** When **8-3-84**

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) **XX** Oil Well **XX** Gas Well **XX** New Well **XX** Workover **XX** Deepen **XX** Plug Back **XX** Same Res. **XX** Diff. Res. **XX**  
Date Spudded **5-2-84** Date Compl. Ready to Prod. **6-23-84** Total Depth **9914'** P.B.T.D. **9853'**  
Elevations (DF, RKB, RT, GR, etc.) **4309.5' GR** Name of Producing Formation **Bough D** Top Oil/Gas Pay **9742'** Tubing Depth **9679'**  
Perforations **9742-50' & 0756-9800'** Depth Casing Shoe **-**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	428'	420 sx.
12 1/4"	8 5/8"	4050'	2300 sx.
7 7/8"	5 1/2"	9910'	450 sx.
	2 7/8"	9679'	

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)  
Date First New Oil Run To Tanks **6-23-84** Date of Test **8-14-84** Producing Method (Flow, pump, gas lift, etc.) **Pump**  
Length of Test **24 hrs** Tubing Pressure **-** Casing Pressure **-** Choke Size **-**  
Actual Prod. During Test **60 BO** Oil-Bbls. **60** Water-Bbls. **284** Gas-MCF **82**

GAS WELL  
Actual Prod. Test-MCF/D **-** Length of Test **-** Bbls. Condensate/MCF **-** Gravity of Condensate **-**  
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
**John Stank**  
Operations Engineer  
8/15/84  
OIL CONSERVATION DIVISION  
APPROVED **AUG 17 1984**, 19  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR  
TITLE  
This form is to be filed in compliance with RULE 100.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit Separate Forms C-104 must be filed for each pool in multi

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AUG 16 1984

O.C.D.  
HOBBS OFFICE