

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

**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

APPLICANT'S ADDRESS	
DATE RECEIVED	
AREA	
FILE	
DATE	
LEAD OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATION	
OPERATING OFFICE	

Operator
 Southland Royalty Company

Address
 1100 Wall Towers West, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Other (Please explain) Effective 2-1-79
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>				

Change of ownership give name and address of previous owner
 Shenandoah Oil Corp., 1500 Commerce Bldg., Ft. Worth, Tx 76102

II. DESCRIPTION OF WELL AND LEASE

Lease Name Malmar Unit Tr 1	Well No. 8	Pool Name, Including Formation Maljamar (G. SA)	Kind of Lease State, Federal or Fee State	Lease No. B-2229
Location				
Well Letter H	1980 Feet From The North Line and 660 Feet From The East			
Line of Section 13	Township 17S	Range 32E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Water Injection Well	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.		
Deviation (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth		
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL. (Test must be after recovery of total volume of lost 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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.

C. Harvey Carr
 District Engineer
 (Title)
 3-1-79
 (Date)

OIL CONSERVATION DIVISION
 MAR 15 1979

APPROVED _____, 19____

BY John Runyan
 TITLE Geologist

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.

RECEIVED

MAR 14 1979

CH. COMMUNICATIONS CO. INC.
Rm 200, 21 St.