

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-------------------|--|
| ESTABLISHMENT | |
| LAND OFFICE | |
| TRANSPORTER | |
| OPERATION | |
| PRODUCTION OFFICE | |
| UNIT | |
| LAND OFFICE | |
| TRANSPORTER | |
| OPERATION | |
| PRODUCTION OFFICE | |

Southland Royalty Company

1100 Wall Towers West, Midland, Tx 79701

| | |
|---|------------------------|
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Effective 2-1-79 |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input checked="" type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | |
| Condensate <input type="checkbox"/> | |
| Changehead Gas <input type="checkbox"/> | |

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------|----------|--------------------------------|-----------------------------|--------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Malmar Unit Tr 1 | 11 | Maljamar (G SA) | State, Federal or Fee State | B-2229 |
| Location | | | | |
| Unit Letter | K | 1980 Feet From The | South Line and | 1980 Feet From The |
| Line of Section | 13 | Township | 17S | Range |
| | | | 32E | NMPM, Lea |
| | | | | County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Texas-New Mexico Pipeline | P.O. Box 1510-Midland, Tx 79702 |
| Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Phillips Petroleum Company | 4001 Penbrook, Odessa, Tx 79762 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | C 13 17S 32E Yes Unknown |

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res't. | Diff. Res't. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (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 |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

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 | 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/MMCF | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (shot-in) | Casing Pressure (shot-in) | Choke Size |

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

3-1-79

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 15 1979

BY John Runyan

TITLE Geologist

This form is to be filed in compliance with RULE 1-64.

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 1-11.

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 Form C-104 must be filed for each pool in multiple.

RECEIVED

MAR 14 1979

OIL CONSERVATION COM. 1.
REC'D, 14. 11.

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| | 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

| | |
|---|----------------------------|
| Operator Shenandoah Oil Corporation | |
| Address 1500 Commerce Building - Fort Worth, Texas - 76102 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Effective November 1, 1973 |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input checked="" type="checkbox"/> | |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name and address of previous owner Great Western Drilling Company, Box 1659, Midland, Texas, 79701

| | | | | |
|---|----------------|--|---|-------------------------------|
| Lease Name Malmar Unit Tract 1 | Well No. 11 | Pool Name, Including Formation Maljamar-Grayburg, S. A. | Kind of Lease State, XXXXXXXX | Lease No. B-2148 B-2229 |
| Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>17 South</u> Range <u>32 East</u> , NMPM, <u>Lea</u> County | | | | |

| | | | | |
|--|-----------|------------|--|-----------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company | | | Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company | | | Address (Give address to which approved copy of this form is to be sent) Box 6666, Odessa, Texas | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 13 | Twp. 17S | Rge. 32E |
| | | | Is gas actually connected? Yes | When Unknown |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

| | | | | | | | | | |
|--------------------------------------|-----------------------------|----------------------|----------|-----------|--------------|--------------|-------------------|-------------|--------------|
| V. 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. | | | | |
| Elevations (DF, RKB, RT, GR, 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 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | |
|---|-----------------|---|------------|
| 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 | 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/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. <u>T. P. Bates</u> (Signature) Vice President, Secondary Recovery (Title) <u>November 8, 1973</u> (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. |
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