

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal MA

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Corbin, Strawn, South  
Corbin, Morrow, South11. SEC. T., R., M., OR BLE. AND  
SURVEY OR AREASec. 27, T-18-S, R-33-E  
N.M.P.M.

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL ☒ GAS ☒ OTHER Dual well - both intervals shut in  
WELL WELL

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

1100 Wall Towers West, Midland, TX 79701

4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1980' FNL &amp; 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3822' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Report on inactive well ☒(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Letter from U. S. Geological Survey of February 9, 1978, requested information concerning this inactive dually completed well. Please find listed below the current status of each zone:

(1) Morrow: Shut in on 1-1-69 due to non-commercial status of well. this zone has not produced since that time due to depletion.

(2) Strawn: Well not capable of economic production. Last production 2 BOPD with trace of gas in February, 1976.

Change of operator from Aztec Oil & Gas Company to Southland Royalty Company effective January 1, 1978. An evaluation of status of well concurrently being conducted.

It is requested that approval be granted by U.S.G.S. to maintain current shut-in status pending outcome of evaluation.

2-40 This approval of temporary  
abandonment expires 3-1-78

18. I hereby certify that the foregoing is true and correct

SIGNED

*C. Harney Can*

TITLE

District Engineer

DATE

2-16-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

O. G. Z.

FEB 21 1978

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side

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FEB 28 1978  
CAL CONDOLATION COMM.  
HOBBS, N. M.

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	GAS	
OPERATOR		
PRODUCTION 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  
Southland Royalty Company  
Address  
1100 Wall Towers West, Midland, Texas 79701  
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)  
Name change effective 1-1-78

If change of ownership give name and address of previous owner Aztec Oil & Gas Co., P.O. Box 837, Hobbs, New Mex. 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal MA	Well No. 1	Pool Name, Including Formation Corbin Morrow South	Kind of Lease State, Federal or Fee Federal	Lease No. 0997
Location Unit Letter G 1980 Feet From The North Line and 1980 Feet From The East Line of Section 27 Township 18s Range 33e, NMFM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Tx. 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4th & Washington, Odessa, Tx. 79760					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 27	Twp. 18s	Rge. 33e	Is gas actually connected? Yes	When 12-5-67

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.			
Elevations (DF, RAB, 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			

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 (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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. Harney  
(Signature)  
District Engineer

December 21, 1977

(Date)

OIL CONSERVATION COMMISSION  
DEC 30 1977

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_ Orig. Signed by

Jerry Sexton

TITLE \_\_\_\_\_ Dist 1, Supv.

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.