ſ	Mr. OF COPIES RECEIVED				
1	DISTRIBUTION				
}	SANTA FE		ONSERVATION COMMISSION	Form C-104	
}	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Elloctive 1-1-65	
}	U.S.G.S.		AND		
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GAS		
1	OIL OIL				
- 1	TRANSPORTER GAS				
}					
ŀ	OPER / TOR				
1.	PROPATION OFFICE				
ļ	·				
	Southland Royalty Com	pany			
l					
	1100 Wall Towers West	<u>, Midland, Texas 79</u>	701 Other (Please explain)		
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
İ	Recompletion	Cil Dry Ga	in Name Change erred	ctive 1-1-78	
	Change in Ownership 3	Casinghead Gas Conden	isate		
	If change of ownership give name And address of previous owner DESCRIPTION OF WELL AND L		P.O. Box 837, Hobbs, 1	New Mex. 88240	
•	1 Vone	heil No. Paci Name, Including Fo		Lease No.	
	Federal MA	2 Corbin Morr	ow South State, Federal or Fe	Federal 0997	
	Location			East	
	Line of Section 21 Town	189	33e , <sub>NMPM</sub> , Lea	County	
H.	SESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Notice of A charged Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Oil ( The Permian Corp.	Permian (Eff. 9 / 1 /87)	P.O. Box 1183, Houston	, Tx. 77001	
Ì	Name of Authorized Transporter of Casin		Address (Give address to which approved co		

form is to be sent) 77001 form is to be sent) Texas 79760 Phillips Petroleum Co. Ath & Washington, Odessa, When Unit Is gas actually connected? If well produces oil or liquids, give location of tanks. 18s 21 ; 33e If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Restv. Diff. Restv. Gas Well New Well Workover Oil Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Tubing Depth Top Oll/Gas Pay Elevations (DF, SAB, RT, GR, etc.) Name of Preducing Formation Depth Casing Shoe Perforances TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tonks Date of Test Choke Size Tubing Freesure Casina Pressure Length of Test Gca - MCF Water - Bbis. Actual Pied, During Test

GAS WELL				
Actual From Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing both confident, back prof	Paring Pressure (Shut-in)	Casing Francisco (Shut-in)	Choke Size	
CURTIFICATE OF COMPLIA	NCE	OIL CONSER	RVATION COMMISSION	

VI.	CURTIFICATE	OF COMPLIAN	CF

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. Horney Char
(Signature)
District Engineer (Title)
(Title)

(Dose)

December 21, 1977

If this is a request for allowable for a newly drilled or despened

This form is to be filed in compliance with RULE 1104.

APPROVED DEC 34 1977

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells.

Orle State Chy Jerry 80, 460

Fill out only Sections I. II. III, and VI for changes of owner, well name or names or transporter, or other such change of condition. Separate Ferms C-104 must be filed for each pool in multiply