

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

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**
Lease Name West Corbin Well No. 1 Pool Name, including Formation S. Corbin Wolfcamp Kind of Lease XXXX Federal XXXX NM 93
Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East
Line of Section 18 Township 18S Range 33E, NMPLM, Lea County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corp. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks. Unit H Sec. 18 Twp. 18S Rge. 33E Is gas actually connected? Yes When 1-13-82

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)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RNS, 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

VI. **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 Texas 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

VII. **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.
Barbara Carter Nolan (Signature)
Production Analyst (Title)
September, 3, 1985 (Date)
OIL CONSERVATION DIVISION
SEP - 5 1985
APPROVED _____, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE
This form is to be filed in compliance with RULE 11.1.
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 11.1.
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 multi-

RECEIVED

SEP - 4 1985

C.C.D.
HOBBS OFFICE