

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Southland Royalty Company	
Address 1100 Wall Towers West, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒	Coatinghead Gas ☐ Condensate ☐
Change in Ownership ☐	

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL _____
If you do not concur, please advise this office. **R-7114 (11-1-82)**

I. DESCRIPTION OF WELL AND LEASE				
Lease Name West Corbin	Well No. 1	Pool Name, including Formation Unders. South Corbin (Wolfcamp)	Kind of Lease State, (Federal or Fee) NM	Lease No. 93
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u> Line of Section <u>18</u> Township <u>18S</u> Range <u>33E</u> , NMPL, <u>Lea</u> County				

II. 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, Tx 77001					
Name of Authorized Transporter of Coatinghead Gas ☒ or Dry Gas ☐ Southern Union Gas Co.	Address (Give address to which approved copy of this form is to be sent) 1st Intl. Bldg. Suite 1800, Dallas, Tx 75270					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 18	Twp. 18S	Rge. 33E	Is gas actually connected? Yes	When 4-15-75

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

III. COMPLETION DATA							
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv. Diff. Res.
						X	X
Date Spudded 8-14-74	Date Compl. Ready to Prod. 1-4-82	Total Depth 13,700'	P.B.T.D. 11,330'				
Elevations (DF, RAB, RT, GR, etc.) 3860' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 11,178'	Tubing Depth 10,992'				
Perforations 11,178-12,284' (OA)		Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
17 1/2"	13 3/8"	367'	320 SX.				
11"	8 5/8"	4800'	2665 SX.				
7 7/8"	5 1/2"	13,700'	300 SX.				
	2 3/8" & 2 7/8"	10,992'	TOC @ 10,330'				

IV. 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 1-4-82	Date of Test 1-4-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 69	Water-Bbls. 121	Gas-MCF TSTM

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.

[Signature]
(Signature)
District Production Manager
(Title)
1-6-82
(Date)

OIL CONSERVATION DIVISION

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.

This form must be filed for each pool in multi-