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Form C-104 Revised 10-1-78

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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BANTA FE			
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LAND UFFILE			
TRANSPORTER	DIL		
	GAS	 ,	
OPERATOR			ĺ

LAND UPPICE	REQUEST FOR ALLOWABLE							
AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
PROMATUM OFFICE	AOTHORIZATION TO TRANS.							
Southland Royalty Com	many							
Address	ιρατιγ							
21 Desta Drive, Midla	nd, Texas 79705	Dibne tolkering as old	001 C					
Reason(s) for Hing (Check proper box	esson(s) for filing (Check proper box) Other (Aftegre explain) Change in Transporter of:							
Recompletion	OII Dry Co. C CALLERON TO RANGE							
Change In Ownership	Castnghead Gas Conden	Carl Pin Carrier and						
If change of ownership give name	THE WILL HAS FIRM	174 * 7 PH 1915 POOL						
and address of previous owner		YUS NO BOLLOUNCER						
NOTIFY TELLS OFFICE. DESCRIPTION OF WELL AND LEASE Well No. 1 Pool Name. Including Formation Ning of Lease Lease								
Peoples "32" State	Well No. Pool Name, Including Fo	· · · · · · · · · · · · · · · · · · ·	Federal or Fee State LG-6412					
Location	1 Scharb (Wolfe	3111p) 3 tace Lu-0#12						
Unit Letter P : 66	O Feet From The South Lin	• and 660 rec	et From The <u>East</u>					
32	waship 18S Range 3	RSE , NMPH,	Loa Cest.					
Line of Section 32 To	waship 185 Range 3	85E , NMPM,	Lea					
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	hands and convertible former to be cent.					
Name of Authorized Transporter of City The Permian Corp.	cr Condensate	Address (Give address to which approved copy of this form is to be sent) D. O. Roy 2110. Midland. Toyac. 70702						
Name of Authorized Transporter of Ca	singhead Gas XX or Dry Gas	Address (Give address to which	dland, Texas 79702 ch approved copy of this form is to be sent)					
Unknown at this time								
If well produces off or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When					
give location of tanks.	1 . 100 100	NO	Unknown					
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,							
Designate Type of Completion	on = (X) Gas Well Gas Well VV	1 1	egen Plug back Same Rest. Citt he					
Date Spudded	Date Compl. Ready to Prod.	XX Total Depth	P.B.T.D.					
1-29-85	3-22-85	11,250'	11,235'					
Elevations (DF, RAB, RT, GR, etc., 3919.8' GR	Name of Producing Formation	Top Gil/Gas Pay	Tubing Depth					
Perforations	Wolfcamp	11,124'	11 1141 Depth Casing Shoe					
11,124-164' Wolfcamp								
	· · · · · · · · · · · · · · · · · · ·	CEMENTING RECORD	TACKE CEVEL T					
HOLE SIZE	CASING & TUBING SIZE	395'	SACKS CEMENT					
17 1/2" 12 1/4"	13 3/8" 8 5/8"	3900'	1550 sx.					
7 7/8"	5 1/2"	11,250'	825 sx.					
	2 7/8"	11,114'						
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	(ter recovery of total volume of pth or be for full 24 hours)	load oil and must be equal to or exceed top cit					
OIL WELL Date First New Cil Hun To Tanks	Date of Test	Producting Method (Fiew, pum	7, gas lift, etc.)					
3-22-85	3-24-85	Flow Casing Pressure	1 Chore Size					
Length of Test	Tueing Pressure	Casing Misser o						
24 hrs Actual Prod. During Test	720 on-Bais.	Water Bbla.	18/64" Gas • MÉF					
530 BO	530	50	495					
	•							
Actual Frod. Tool-MCF/D	Length of Test	Bbla. Condensate/AddCF	Gravity of Condensate					
Teeting Method (piror, back pr.)	Tubing Freseure (Shut-in)	Cosing Freezue (Shut-in)	Choke Size					
	<u> </u>	OIL CONS	ERVATION DIVISION					
CERTIFICATE OF COMPLIAN	CE	ΔP	R - 1 1985					
I hereby certify that the rules and	regulations of the Oli Conservation	APPROVID						
Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		BY DISTRICT I SUPERVISOR						
•		TITLE	MSTRICT I SOFERVISOR					
1 1	1/	This form is to be lived in compliance with fifth. Fire.						
ah Mark		If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati						
ijo va (Sian	ature)	well, this form must be a	in accordance with RULE 111.					
Operations Engineer	A . I	All anothers of this able on new and recomp	form must be filled out completely for all-					
•	(14)	[]	THE THE AND UT FOR CHRUCES OF OWN					
3/28/85 . (D)	u!¢)	II wall cares of number, or t	can poster or other such change of conditions to must be filed for each pool in multi-					

Separate horara C-104 must be filed for each pool in multi-consisted wells.



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