

OIL CONSERVATION DIVISION

P. O. BOX 2008

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.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

I. Operator
Southland Royalty Company

Address
21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
Request 1000 Bbls. test oil.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tonto "14" State Com.	Well No. 1	Pool Name, Including Formation Airstrip Bone Springs	Kind of Lease State, Federal, etc. xxxxxxxxxx	Lease No. 1g-2730
Location Unit Letter <u>L</u> : <u>500</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>14</u> Township <u>18S</u> Range <u>34E</u> NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 14
	Twp. 18S	Rge. 34E
	Is gas actually connected? No	

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.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RNB, 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 of able 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 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

June 17, 1985

(Date)

OIL CONSERVATION DIVISION

JUN 20 1985

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devl tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter or other such change of cond
Separate Form C-104 must be filed for each pool in the

RECEIVED
JUN 19 1985
C.C.D.
HEDLEY