

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.U.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

Operator
Southland Royalty Company

Address
21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Aztec "22" Federal	Well No. 1	Pool Name, Including Formation S. Corbin (Bone Spring)	Kind of Lease State, Federal or Fee Federal NM-0997
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>			
Line of Section <u>22</u> To township <u>18S</u> Range <u>33E</u> , NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)		
The Permian Corp.	P. O. Box 3119, Midland, Tx 79702		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Phillips 66 Natural Gas Co.	4001 Penbrook, Odessa, Tx 79760		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 22	Twp. 18S
		Rge. 33E	Is gas actually connected? Yes
			When May, 1986

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Result <input type="checkbox"/>	Other <input type="checkbox"/>
Date Spudded 1-17-86	Date Compl. Ready to Prod. 3-22-86		Total Depth 13,626'		P.B.T.D. 10,710'			
Elevations (DF, RKB, RT, GR, etc.) 3855.1' GR	Name of Producing Formation Wolfcamp & Bone Spring		Top Oil/Gas Pay 8927'		Tubing Depth 10,298'			
Perforations 8927-10,216'				Depth Casing Shoe -				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		340'		375			
12 1/4"	8 5/8"		4400'		2400			
7 7/8"	5 1/2"		13,626'		1050			
	2 7/8"		10,298'					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-22-86	Date of Test 6-20-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 4 BO	Oil-Bbls. 4	Water-Bbls. 0	Gas-MCF 10

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.

Cathy Truhe
(Signature)

Engineering Tech III

9/2/86

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 15 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 changes or conditions. Section IV must be filled for each pool in production.