BTATE OF NEW MEXICO

ENERGY AND MIDIE!	VES C	ורויא	ווח	V€.
** ** 10**** ***				
DISTRIBUTE	14			
SANTAFE			_	
FILE	FIL &		_	
U 6.0.6.				
LAND OFFICE	,		_	
TRANSPORTER	011	 	_	
	0 4 6		_	
OPENATOR		 - 		

Operations Engineer

10/8/85

(Tille)

(Date)

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

	REQUEST FOR ALLOWABLE AND OAS OAS OAS OAS OAS OAS OAS OA									
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS.									
1.	PROBATION OFFICE									
		Company								
i	Southland Royalty Company									
i										
}	Reason(s) for Iring (Check proper box)	21 Desta Drive, Midland, Texas 79705 Consolid for Island (Check proper box) Other Affice Valid Check proper box)								
	New Well XX	Change in Transporter of: this well must be obtained from the								
	Recompletion	OII Dry Gos Affine rais Management Service BLM								
	Change in Ownership	Casinghead Gas Conde	nadte	-) · / (
1										
	If change of ownership give name	THIS WELL HAS BEEN PL								
	and address of previous owner	DESIGNATED BELOW. IF	YOU DO NOT CONCUR							
*1	NOTIFY THIS OFFICE. DESCRIPTION OF WELL AND LEASE No. 1 to 1 No. 2 to 1 No.					Leges in				
**.	Lease Name	well his. Foot jednie, metading	Well no. Your sales							
	Aztec "22" Federal	Aztec "22" Federal 1 S. Corbin (Str		awn) Stote, Federal		M-0997				
Location										
	Unit Letter F : 1980	Feet From The North Lin	ne and <u>1980</u>	Feet From T	he West					
	Onit Letter									
	Line of Section 22 Tow	mahip 185 Range	33E , NMPM	Lea_		County				
,										
II.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS Address (Give address	to which approv	ed copy of this form is	to te sentj				
	Name of Authorized Transporter of Cil	XX cr Condensate	Aldiess (Olde addies							
	The Permian Corp.		P. O. Box 3119 Address (Give address	, Midland	Texas 79702	to be sent)				
	Name of Authorized Transporter of Cas	Inghead Cas or Dry Gas	Vegtess (Othe aggress	approv		•				
	Unknown at this time	· · · · · · · · · · · · · · · · · · ·	is gas actually connect	ed? Whe	·n					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas detudity connect							
give location of tanks. F 22 185 33E 1 No										
,	If this production is commingled wit	h that from any other lease or pool,	give commingling orde	r number:						
	If this production is commingled with that from any other lease or pool, give commingling order number: Y. COMPLETION DATA Only Well Gas Well New Well Workever Deepen Plug Back Same									
i	Designate Type of Completio	Otl Well Gas Well			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1				
	Designate Type of Completion		Total Depth		P.B.T.D.					
	Date Spudded	Date Compl. Ready to Prod.			10.1551	-				
	4-25-85	8-31-85	13,626 Top Oil/Gas Pay	·	Tubing Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	•		12,319'					
	3855.1' GR	GR Strawn 12,400'								
	Perforations // 14/	- 11,410								
	11700	TURING CASING AN	D CEMENTING RECOR	? D						
	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT									
	HOLE SIZE		075							
	17 1/2"	13 3/8" 8 5/8"	4400'	2400						
	12 1/4"	5 1/2"	13,626'		1050					
	7 7/8"	2 7/8"	12,319'		<u> </u>					
			after recovery of total volu	me of load oil	and must be equal to or	excess top all				
٧.	TEST DATA AND REQUEST FO	OR ALLOWABLE (lest must be a ble for this d	lepth or be for full 24 hour	* /						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Fig.	w, pump, gas ii	(i, etc.)					
	o or of									
	Length of Test	Tubing Pressure	Casing Pressure		Choxe Size					
	24 hrs	40	-		3/4"					
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas-MCF					
	62 BO	62	0		80					
	02 00			•						
	GAS WELL									
	Actual Frod. Teet-MCF/D	Length of Test	Bbla. Condensate/MMC	F	Gravity of Condensa	t•				
		l .			 					
	Teeting Method (piros, back pr.)		ing Pressure (Shu	t-in)	Choke Size					
	91	1 9 °								
. • •	CERTIFICATE OF COMPI	ICOIDITE	• OIL C	CONSERVA	TION DIVISION					
11.	CERTIFICATE OF COME	LLFISIKIL	■ UU.	T 1 1 198						
			. PPROVED	1 1 130	13	. , 19				
	I hereby certify that the rule: Division have been complies ORIGINAL SIGNED BY JERRY SEXTON									
	bove is true and complete									
	TITLE									
This form is to be fued in compliance with										
	11+-	- h	l I		to for a namely del	TIAN OF GOODS				
	John Ha	7.1								
	(Sign	atwe)	tosts taken on the	well in acco	IGENES WITH THE	illi. Simialy for all				

All sections of this form must be filled out completely for allowing on new and recompleted wells.

Fill out only Sections I. H. III. and VI for changes of own well name or number, or transporter or other such change of conditions of the condition of the condit