

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Southland Royalty Company

Address

21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)

New Well ☒ Recompletion ☐ Change in Ownership ☐

Change in Transporter of:

Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐

Other (Please explain)

Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------|----------|--------------------------------|----------------------------------|-----------------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Huber "17" Federal | 2 | S. Corbin (Wolfcamp) | State, Federal or Fee FEDERAL NM | 27792 |
| Location | | | | |
| Unit Letter | K | 1980 Feet From The | South | Line and 1980 Feet From The |
| Line of Section | 17 | Township | 18S | Range 33E |
| | | 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, 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) | | | | | |
| None | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | K | 17 | 18S | 33E | NA | |

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 Hole, Different Depth |
| XX | | | XX | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | |
| 5-28-86 | 7-31-86 | 11,450' | 10,857' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | |
| 3863.8' GR | Wolfcamp | 10,766' | 10,678' | | | | |
| Perforations | Depth Casing Shoe | | | | | | |
| 10,766-10,826' | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17 1/2" | 13 3/8" | 653' | 400 sx. |
| 12 1/4" | 8 5/8" | 2925' | 1800 sx. |
| 7 7/8" | 5 1/2" | 11,450' | 2600 sx. |
| | 2 7/8" | 10,678' | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil 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.) | |
| 7-31-86 | 7-31-86 | flow | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs | 80# | - | 30/64" |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| 252 B0 | 252 | 5 | 0 |

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 Kober

(Signature)

Engineering Tech III

(Title)

8/1/86

(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 1 1 1986**, 19BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 110.

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 re-completed wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each pool in which