

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION 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 checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Corbin Unit	Well No. 8	Pool Name, Including Formation South Corbin (Wolfcamp)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-069420
Location Unit Letter <u>C</u> : 1980 Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>17</u> Township <u>18S</u> Range <u>33E</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, Tx 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co. 66 Natl Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Tx 79762	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 17
	Twp. 18S	Rge. 33E
	Is gas actually connected? <u>No</u> When <u>Unknown</u>	

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same as Prev. <input type="checkbox"/>	Diff. Rec. <input type="checkbox"/>
Date Spudded 11-20-86	Date Compl. Ready to Prod. 1-8-87		Total Depth 11,450'		P.B.T.D. 11,372'			
Elevations (DF, RKB, RT, GR, etc.) 3885.1' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,810'		Tubing Depth 10,834'			
Perforations 10,810-834' Wolfcamp					Depth Casing Shoe -			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		350'		400 SX.			
12 1/4"	9 5/8"		2905'		1600 SX.			
7 7/8"	5 1/2"		11,450'		2420 SX.			
	2 7/8"		10,834'					

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 oil able for this depth or be for full 24 hours)

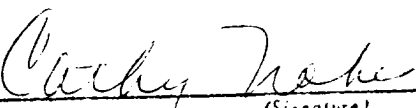
Date First New Oil Run To Tanks 1-8-87	Date of Test 1-8-87	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 350#	Casing Pressure -	Choke Size 24/64"
Actual Prod. During Test 348 BO	Oil-Bbls. 348	Water-Bbls. 20	Gas-MCF 463

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.


(Signature)

Engineering Tech III

1/9/87

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED Jan 20 1987, 19

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 change of condition.

Separate Form C-104 must be filed for each pool in multi-