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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Southland Royalty Company	Well API No.	30-025-30430
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:	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	West Corbin Federal	Well No.	6	Pool Name, Including Formation	West Corbin(Delaware)	Kind of Lease	State, Federal or Fee	Lease No.	LC-069420
Location	Unit Letter E : 2076 Feet From The North Line and 411 Feet From The West Line								
Section	17	Township	18-South	Range	33-East	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)				
Texas-New Mexico Pipeline Company		P.O. Box 60028 San Angelo, Texas 76906				
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 Petroleum Company		6601 Hall GPM Gas Corporation, Odessa, Texas 79762				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
		18	18-S	33-E	No	Unknown

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 v	Diff Res v
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
4-24-89	5-28-89		5450'		5403'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3876' GR	Delaware		5004'		4989'			
Perforations					Depth Casing Shoe			
5004-5144'								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		377'		200 sxs.			
7-7/8"	5-1/2"		5450'		900 sxs.			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-5-89	6-12-89	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hr.	--	20	--
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	61	186	35

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Marianne Martin
Signature
Marianne Martin Operations Tech. III
Printed Name
6-28-89 Title
Date (915)686-5657
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 3 1989

By Orig. Signed by
Paul Kautz
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.