

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Southland Royalty Company		Well API No. 30-025-30466
Address 21 Desta Drive, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
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. 10	Pool Name, including Formation S. Corbin(Wolfcamp)	Kind of Lease State, (Federal) or Fee	Lease No. NM-93
Location				
Unit Letter I	: 1980	Feet From The South	Line and 660	Feet From The East
Section 18	Township 18-S	Range 33-E	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 Co.	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 66 Natural Gas Co. GPM Gas Corporation	4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 18	Twp. 18-S	Rge. 33-E	Is gas actually connected? Yes	When? 1/19/89

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-9-88	Date Compl. Ready to Prod. 12-11-88		Total Depth 11,450		P.B.T.D. 11,400			
Elevations (DF, RKB, RT, GR, etc.) 3862' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,858		Tubing Depth 11,383'			
Perforations 10858-11330'					Depth Casing Shoe --			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	360'	Circ w/370 sx Cl 'C'
12-1/4"	3-5/8"	2828'	Circ w/950 sx Cl 'C'
7-7/8"	5-1/2"	11450'	1712 sx Cl 'H' TOC @ 29

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 11/24/88	Date of Test 1/20/89	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure --	Casing Pressure 60	Choke Size --
Actual Prod. During Test 24	Oil - Bbls. 118	Water - Bbls. 150	Gas- MCF 220

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. 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.

Signature Marianne Martin  
Printed Name Marianne Martin Title Operations Tech III  
Date 1/24/89 Telephone No. (915) 686-5657

OIL CONSERVATION DIVISION

Date Approved JAN 30 1989  
By ORIGINAL SIGNED BY JERRY SEXTON  
Title DISTRICT I SUPERVISOR

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 11f.
- 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

RECEIVED

JUN 30 1989

OCD  
HOBBS OFFICE