

## OIL CONSERVATION DIVISION

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Southland Royalty Company</b>	Well API No. <b>30-025-300021</b>
Address <b>21 Desta Drive, Midland, Texas 79705</b>	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) _____ Recompletion <input type="checkbox"/> Change in Transporter of: 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 _____	
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONSENT, APPROVAL TO FLARE CASINGHEAD GAS FROM THIS WELL MUST BE OBTAINED FROM THE BUREAU OF LAND MANAGEMENT (BLM). NOTIFY THIS OFFICE.	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>West Corbin Federal</b>	Well No. <b>11</b>	Pool Name, Including Formation <b>S. Corbin (Wolfcamp)</b>	Kind of Lease <b>State, Federal, or Foreign</b>	Lease No. <b>NM-0997</b>
Location Unit Letter <b>0</b> : <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line Section <b>8</b> Township <b>18 South</b> Range <b>33 East</b> , NMPM, Lea County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>Pride Pipeline</b>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>500 Chestnut (P.O. Box 2436) Abilene, TX 79604</b>
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) _____
If well produces oil or liquids, give location of tanks.	Unit <b>0</b> Sec. <b>8</b> Twp. <b>18S</b> Rge. <b>33E</b>	Is gas actually connected? <b>NO</b> When ? _____
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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>12/22/88</b>	Date Compl. Ready to Prod. <b>02/20/89</b>		Total Depth <b>11,450'</b>		P.B.T.D. <b>11,405'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3885.7 GR</b>	Name of Producing Formation <b>Wolfcamp</b>		Top Oil/Gas Pay		Tubing Depth <b>11,400'</b>			
Perforations <b>11,177' - 11,391'</b>	See amended C-104 for Perfs				Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2"</b>	<b>13 3/8"</b>		<b>348'</b>		<b>300 SX</b>			
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>2,895'</b>		<b>1375 SX</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>11,450'</b>		<b>1715 SX</b>			

### 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 <b>02/17/89</b>	Date of Test <b>02/19/89</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>9 hrs.</b>	Tubing Pressure <b>700 psig</b>	Casing Pressure	Choke Size <b>28/64</b>
Actual Prod. During Test <b>420 B.O.</b>	Oil - Bbls. <b>Calc. 1120 BD/day</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>Calc. 500 mcf/day</b>

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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  
**Robert L. Bradshaw, Sr.** Staff Engr./Reg. Spec.  
Printed Name Title  
**February 23, 1989** **915-686-5678**  
Date Telephone No.

### OIL CONSERVATION DIVISION

**FEB 28 1989**

Date Approved \_\_\_\_\_

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

RECEIVED

FEB 27 1989

OCD  
HOBBS OFFICE