

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

-AMENDED- ☒

Operator Southland Royalty Company	Well API No. 30-025-30576
Address 21 Desta Dr., Midland, TX 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. 14	Pool Name, Including Formation South Corbin (Wolfcamp)	Kind of Lease State, Federal or Fee	Lease No. NM-0997
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East 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"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88241					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, TX 77252					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 8	Twp. 18-S	Rge. 33-E	Is gas actually connected? Yes	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

Not Applicable

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well x	Gas Well	New Well x	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/05/89	Date Compl. Ready to Prod. 2/02/90		Total Depth 11,500'		P.B.T.D. x 10,945'			
Elevations (DF, RKB, RT, GR, etc.) 3880' GR.	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,718'		Tubing Depth 11,005'			
Perforations x	10,758'-10,870'				Depth Casing Shoe 11,499'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		370'		370 sx--Circulated			
12 1/4"	8 5/8"		2887'		1300 sx--Circulated			
7 7/8"	5 1/2"		11,500'		2075 sx--TOC 2920' (CBL)			
	2 7/8" tbq		11,005'					

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.)

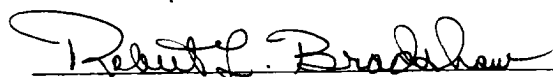
Date First New Oil Run To Tank 2/03/90	Date of Test 2/06/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 130	Casing Pressure 0	Choke Size 32/64"
Actual Prod. During Test	Oil - Bbls. 359	Water - Bbls. 100	Gas- MCF 300

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 Robert L. Bradshaw Env./Reg. Spec.  
Printed Name February 8, 1990 Title 915/686-5678  
Date Telephone No.

OIL CONSERVATION DIVISION  
MAR 05 1990

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.