Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-164
Revised 1-1-89
See Instructions
of Rettern of Pres

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

perator	TO THANSFORT CIL AND NATORAL GAS							Well API No.			
Southland Royalt	oyalty Company						30-025-30658				
iress				70705							
21 Desta Drive, soo(s) for Filing (Check proper box)	Midla	nd, Te	xas	79705	X Oth	es (Please expl	ain) Nover	nher 19	89		
w Well	Change in Transporter of:				November, 1989 Request Test Allowable						
completion	Oil Dry Ges 🗆					2500 B.O in test facilities.					
hange in Operator Casinghead Gas Condensate						Perfs. 4950' - 4961'					
nange of operator give name address of previous operator								·	_		
		A CEC									
DESCRIPTION OF WELL	WELL AND LEASE Well No. Pool Name, Include			ne Formation		Kind	Kind of Lease		Lease No.		
West Corbin Fede				n (Delaw	uare)		K Federal of THEX NM-93		93		
cation			•				010				
Unit LetterB	_:19	80	_ Feet F	from The $\frac{E_0}{m}$	ast Lin	e and	810 Fe	et From The	North	Line	
Section 18 Township	10 0	outh	_	33 Ea	act				Lea		
Section 18 Township	, 10 3	outn	Range	, JJ L	15 , N	MPM,				County	
DESIGNATION OF TRAN	SPORTE	R OF O	IL AP	ND NATU	RAL GAS						
me of Authorized Transporter of Oil		or Coade			Address (Gi			copy of this fi		**)	
Pride Pipeline					 			, Texas			
me of Authorized Transporter of Casing	thead Gas		or Dry	y Gas 🔲	Address (Gi	ve address to w	hick approved	copy of this fi	orm is to be se	met)	
well produces oil or liquids,	Unit	Sec.	Twp.	Pas	is gas actual	ly connected?	When	7			
o location of tanks.	0	18	185	, -			i				
is production is commingled with that i	from any ot	her lease or	pool, g	ive comming!	ing order num	ber:					
COMPLETION DATA					·		1 -		1		
Designate Type of Completion	- (X)	Oil Wel	ן נו	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
is Spudded		pl. Ready t	o Prod		Total Depth	1	<u> </u>	P.B.T.D.	1	<u>. L</u>	
vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
erforations						<u> </u>		Depth Casing Shoe			
roradous								Бери Сам	ig Silve		
		TUBING	. CAS	ING AND	CEMENT	NG RECO	W W				
HOLE SIZE	TUBING, CASING AND C				DEPTH SET			SACKS CEMENT			
								1			
								ļ			
TEST DATA AND REQUES	T FOR	ALLOW	ABLE	₹	<u> </u>			<u> </u>			
LWELL (Test must be after r					be equal to o	r exceed top at	lowable for the	is depth or be	for full 24 hou	F3.)	
te First New Oil Run To Tank	Date of To	est			Producing N	lethod (Flow, p	ump, gas lift,	elc.)	-		
					Casina Proc			Choke Size			
ngth of Test	Tubing Pressure				Casing Pressure						
mai Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	 		
· ·· · · · · · · · · · · · · · · ·											
AS WELL	•										
mal Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Condensate		
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
					-			<u> </u>			
L OPERATOR CERTIFIC						OIL CO	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OCT 2 5 1989						
is true and complete to the best of my				· -	Dat	e Approv	ed	001	८ २ । ५४	y	
	$\langle \cdot \rangle$				Dal	o whhina					
Laborat Brade name					Rv	By ORIGINAL SIGNED BY JERRY SEXTON					
Robert L. Brac	dshaw,	Sr. St	taff	Env/Reg	5,-			DISTRICT	3UPER VIS	УК	
Printed Name			Title	Spec.	Title	=	•				
10-23-89	(915)	686-56		NI-							
Date		Te	elephone	No.	П						

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

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GCD HOBBS OFFICE