

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

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

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

I. Operator Southland Royalty Company Well API No. 30-025-30683

Address 21 Desta Drive Midland, Texas 79705

Reason(s) for Filing (Check proper box) ☒ Other (Please explain)

New Well ☐ Change in Transporter of: ☐ Dry Gas ☐ Request for 1000 Bbl. Test Allowable

Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐ Perfs: 11,278 - 316'

Change in Operator ☐ If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Corbin Federal	Well No. 16	Pool Name, including Formation West Corbin (Wolfcamp)	Kind of Lease <input checked="" type="checkbox"/> State, <input checked="" type="checkbox"/> Federal or <input checked="" type="checkbox"/> Foreign	Lease No. LC-069420
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Location Unit Letter 0 : 990 Feet From The South Line and 1980 Feet From The East Line

Section 7 Township 18-S Range 33-E , NMPL Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436 Abilene, Texas 79604
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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)
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If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
		7	18-S	33-E	no	unknown at present

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
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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Perforations	Depth Casing Shoe
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TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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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.)
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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
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GAS WELL

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

Printed Name Title

Date 12-1-89 Telephone No. 915-686-5600

OIL CONSERVATION DIVISION

Date Approved DEC 06 1989

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.