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Appropriate District Office
DISTRICT I
P.O. Bux 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departi

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	NSP	ORT OIL	AND NA	UHAL GA	NS Wall 7	API No			
Operator Southaind Royaity Company								Well API No. 30-025-30726			
Address	70705										
21 Desta Dr., Midland, TX Reason(s) for Filing (Check proper box)	13105				Othe	r (Please expla	im)		•		
New Well	Approval to flare casinghead gas from this well must be obtained from the										
Recompletion	Oil		Dry Ga			41 **** 1	TECH 11 (151	De obtained MANAGEMEN		ne	
Change in Operator	Casinghea	d Gas	Conde	sate			,		(BCM)		
f change of operator give name and address of previous operator							<u> </u>		•		
II. DESCRIPTION OF WELL A	ND LF	ASE						4 .	•		
Lease Name	IND DE	Well No.	Pool N	ame, Includi	ng Formation	11-91	ZC Kind	of Lease Jed.	14	ase No.	
West Corbin Federal		18	Sout	h Corbin	(Wolfcam	p) 3///	See Page	AGENT OF LOS	NM-9	3	
Location Unit Letter F	1980		_ Feet From The NO		orth Line and 1980		Fe	Feet From The West L		Linc	
Section 18 Township	, 18	3-8		33-∈	, NMPM,			Lea County			
III. DESIGNATION OF TRANS		ER OF O			RAL GAS						
Name of Authorized Transporter of Oil	[X]	or Conde	nsate ^		Address (Giv			copy of this form			
Pride Pipelino Teyan New Mey co Pyrles						P:0: Box 2436, Abilene. Texas 79604 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas [Address (Giv	e address 10 wi	hich approved	t copy of this form	is to be se	nı)	
If you the same all as liquids	Unit	S∞.	Twp. Rg		ls gas actuall	y connected?	When	When?			
If well produces oil or liquids, give location of tanks.	FB			33-E		no	i	unknown	at pres	ent	
If this production is commingled with that f	rom any ot	her lease or	pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA							1	Plug Back S	me Destu	Diff Resiv	
Designate Type of Completion	- (X)	Oil Wel	i	Gas Well	New Well	Workover -	Deepen	Plug Back S	une Kes v	Jan Kerv	
Date Spudded		ipi. Ready t	o Prod		Total Depth	L		P.B.T.D.	• =	- 	
11/8/89 12/3/89			3/89	89 11,532'		11,532'			11,515	·	
Elevations (DF, RKB, RI, GR, etc.) 3851' GR	Name of Producing Formation SOUTH CORBIN WOLFCAMP				Top Oil/Gas	Top Oil/Gas Pay 11,274			Tubing Depth 11, 172		
Perforations	<u>.</u>							Depth Casing	Shoe		
		1,,274'			CEL (ELIT	NC DECOL	<u> </u>				
	TUBING, CASING				CEMENTI	DEPTH SET		SACKS CEMENT			
HOLE SIZE	HOLE SIZE CASING & TUBING S			5 ZE	DEF IN SET			SAOKS CEMENT			
					 						
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR	ALLOW	ABLE	L Laila-1-:-	the equal to a	exceed ion al	lomable for th	nis depth or be for	full 24 hoi	urs.)	
			e of load	OU and mus	Producing N	ethod (Flow, p	ump, gas lift,	esc.)	, <u>- , ,</u>		
Date First New Oil Run To Tank 1/6/90	Date of Test 1/10/90					. · · · ·	FLOWING	3			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size 24/64"				
24 HR		200			Water - Bbls			Gas- MCF			
Actual Prod. During Test	Oil - Bbls. 250				102			450			
GAS WELL	J										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
					×			Choke Size			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Cloke Size			
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE.			NOCD)	/ATION 0	AIVIO	ΩN.	
I hereby certify that the rules and regu	lations of th	ne Oil Cons	ervation			OIL CO	149に4/	ATION E	1 0 1010	an	
Division have been complied with and is true and complete to the best of my	that the in	formation gi	iven abo	ve (Dat	e Approv	ed	JAN	1 p 13	JU	
(Emil 3	Z .	1/1/	// /	1.7		ORI	GINAL SIG	NED BY JERR	V pm		
Signature Operations Tech III					By_	 	DISTRIC	CT I SUPERVIS	Y SEXTO	Ņ	
Connie L. Malik		Opera	tions Title	iech III							
Printed Name 1/11/90		915	686-	5681	Title	9					
Date		Te	elephone	No.							

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.