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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

Operator SOUTHLAND ROYALTY COMPANY		Well API No. 30-025-30727
Address 21 Desta Dr., Midland, TX 79705		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Approval to flare casinghead gas from Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name WEST CORBIN FEDERAL	Well No. 17	Pool Name, Including Formation WEST CORBIN (DELAWARE)	Kind of Lease <input checked="" type="checkbox"/> <input type="checkbox"/> SEVERAL or Fee	Lease No. NM-93
Location Unit Letter C : 1980' Feet From The WEST Line and 660' Feet From The NORTH Section 18 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"/> PHILLIPS 66 NATURAL GAS CO. EFFECTIVE: February 1, 1992	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 18	Twp. 18S	Rge. 33E	Is gas actually connected? NO	When? 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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Drift Re
Date Spudded 11/22/89	Date Compl. Ready to Prod. 12/20/89		Total Depth 5520'		P.B.T.D. 5472'			
Elevations (DF, RKB, RT, GR, etc.) 3859' GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 4902'		Tubing Depth 4890'			
Perforations 4902' - 5006'					Depth Casing Shoe 5520'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	368'	310 SX
7-7/8"	5-1/2"	5520'	1280 SX

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.)

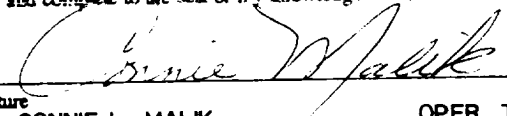
Date First New Oil Run To Tank 12/20/89	Date of Test 12/25/89	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HR.	Tubing Pressure 125	Casing Pressure	Choke Size 9/64"
Actual Prod. During Test	Oil - Bbls. 192	Water - Bbls. 80	Gas - MCF 100

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 
Printed Name **CONNIE L. MALIK** Title **OPER. TECH III**
Date **12/28/89** Telephone No. **915/686-5681**

OIL CONSERVATION DIVISION

DEC 28 1989

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.