

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
Geology, 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.		Well API No. 30-025-30736
Operator Southland Royalty Company		
Address 21 Desta Dr., Midland, TX 79705		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)		
If change of operator give name and address of previous operator		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE		Lease No. NM-61605
Lease Name Federal 21	Well No. 4	Pool Name, Including Formation West Corbin (Delaware)
Location Unit Letter C : 779 Feet From The North Line and 1943 Feet From The West Line Section 21 Township 18-S Range 33-E, NMPM, Lea County		Kind of Lease State Federal or Fee

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		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 Oil Texas New Mexico	<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 2528 Hobbs, NM 88241	
Name of Authorized Transporter of Casinghead Gas Shannon Shaw Corporation	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, NM 88241	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 21	Twp. 18-S
		Rge. 33-E	
		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: verbal per Shannon Shaw 1/11/90			

IV. COMPLETION DATA		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Designate Type of Completion - (X)									
Date Spudded 12/1/89	Date Compl. Ready to Prod. 1/5/90	Total Depth 5500'		P.B.T.D. 5454'					
Elevations (DF, RKB, RT, GR, etc.) 3846' GR	Name of Producing Formation West Corbin (Delaware)	Top Oil/Gas Pay 5156'		Tubing Depth 5099'					
Perforations 5156' - 5246'		Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 362'		SACKS CEMENT 250 sx Cl. "C"					
7-7/8"	5-1/2"	5500'		1150 sx Cl. "C"					
	2-7/8"	5099'							

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 1/5/90	Date of Test 1/14/90	Producing Method (Flow, pump, gas lift, etc.) Pumping: 2-1/2" x 1-1/2" x 24'	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 36	Water - Bbls. 210	Gas - MCF 30

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (puol, 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 Connie L. Malik	Operations Tech III
Printed Name 1/17/90	Title 915 686-5681
Date	Telephone No.

OIL CONSERVATION DIVISION	
JAN 19 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.