

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Southland Royalty Company	Well API No. 30-025-30758
Address 21 Desta Drive, Midland, Texas 79705	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> <input type="checkbox"/> Other (Please explain) approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
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.	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Federal MA	Well No. 6	Pool Name, Including Formation West Corbin (Delaware)	Kind of Lease Fed	Lease No. NM-064944
Location Unit Letter B : 503 Feet From The North Line and 1661 Feet From The East Line Section 21 Township 18-S Range 33-E, NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas New Mexico Pipeline	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 Phillips 66 Natural Gas Co.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit B 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: PC - 767		

IV. COMPLETION DATA

Designate Type of Completion - (X)	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"/>
Date Spudded 12/17/89	Date Compl. Ready to Prod. 1/12/90	Total Depth 5500'	P.B.T.D. 5444'					
Elevations (DF, RKB, RT, GR, etc.) 3854' GR	Name of Producing Formation West Corbin (Delaware)	Top Oil/Gas Pay 5140'	Tubing Depth 5099'					
Perforations 5156' - 5246' 5140 - 5252			Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	370'	250 sx Cl. "C"
7 7/8"	5 1/2"	5500'	1035 sx Cl. "C"
	2 7/8"	5116'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

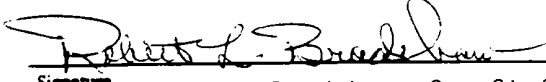
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 1/14/90	Date of Test 1/18/90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr.	Tubing Pressure 100	Casing Pressure 0	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 160	Water - Bbls. 66	Gas- MCF 125

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 
Robert L. Bradshaw, Sr. Staff Env./Reg.

Printed Name
1/22/90 Title Spec.
915/686-5600
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 25 1990**

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.

JAN 24 1990

RECEIVED

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

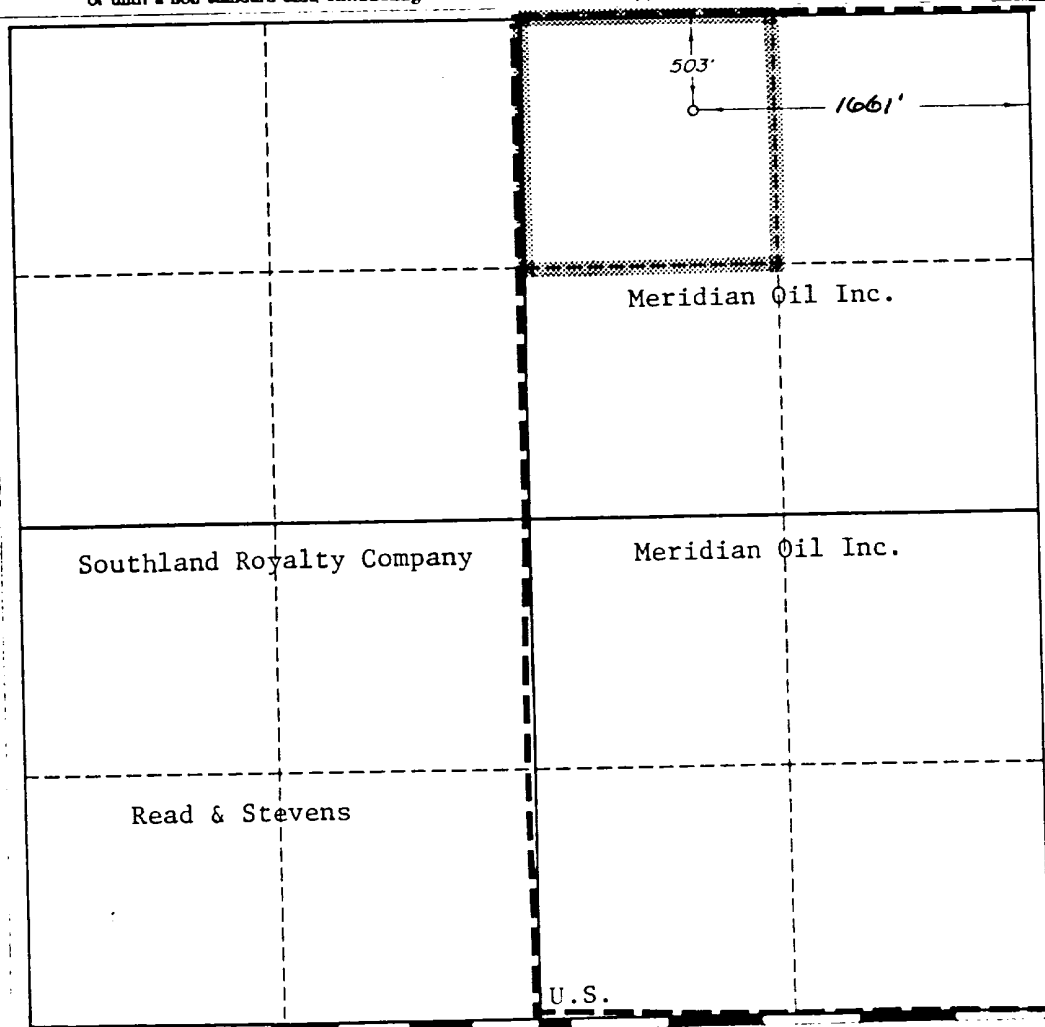
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator MERIDIAN OIL, INC.			Lease FEDERAL "MA"		Well No. 6
Unit Letter B	Section 21	Township 18-SOUTH	Range 33-EAST	County NMPM	LEA
Actual Footage Location of Well: 503 feet from the NORTH line and 1661' feet from the EAST line					
Ground level Elev. 3854'	Producing Formation Delaware		Pool West Corbin	Dedicated Acreage: 40 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature Connie Malik
Printed Name Connie L. Malik
Position Operations Tech III
Company Southland Royalty Company
Date 1/18/90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed SEPTEMBER 11, 1989
Signature & Seal of Professional Surveyor

V. L. Beyer
Certificate No. 7920