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

State of New Mexico  
Regy. Minerals and Natural Resources Department

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 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 Co.		Well API No. 30-025-30787
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box): <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator:		

#### II. DESCRIPTION OF WELL AND LEASE

Lease Name Huber "17" Federal	Well No. 4	Pool Name, Including Formation West Corbin Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-26692
Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>18S</u> Range <u>33E</u> , 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 1510, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Nat Gas Co.	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 <u>K</u> Sec. <u>17</u> Twp. <u>18S</u> Range <u>33E</u>	Is gas actually connected? <u>yes</u> When? <u>8-24-91</u>
If this production is commingled with that from any other lease or pool, give commingling order number: <u>PC-771</u>		

#### 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 checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 8-18-91	Date Compl. Ready to Prod. 8-22-91		Total Depth 8-22-91		P.B.T.D. 7215'			
Elevations (DF, RKB, RT, GR, etc.) 3854' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 2605' 5605'		Tubing Depth 2-7/8" @ 5500'			
Perforations 5605' - 5646'					Depth Casing Shoe 11,500'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		348'		370 sx - surf			
12-1/4"	8-5/8"		2905'		1450 sx - surf			
7-7/8"	5-1/2"		11,500'		11730 sx TOC @ 1050			

#### 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 8-24-91	Date of Test 9-11-91	Producing Method (Flow, pump, gas lift, etc.) 2-1/2" x 1-1/4" x 24'	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 11	Water - Bbls. 190	Gas - MCF 10

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr., etc.)	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 Maria L. Perez Prod. Assistant  
Printed Name Maria L. Perez Title  
Date 9/23/91 Telephone No. 915/688-6906

#### OIL CONSERVATION DIVISION

SEP 26 1991

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

#### INSTRUCTIONS: This form is to be filed in compliance with Rule 110:

- 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.

20 Corbin B8 2

RECEIVED

SEP 25 1991

HOBBS OFFICE