

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. 30-025-30860
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) WELL DRILLED IN 1990. NEVER POTENTIALLED. PUT WELL BACK ON PRODUCTION.
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name WEST CORBIN FEDERAL	Well No. 22	Pool Name, Including Formation WEST CORBIN DELAWARE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 93
Location Unit Letter <u>F</u> : 1980' Feet From The <u>NORTH</u> Line and 1780' Feet From The <u>WEST</u> Line Section 18 Township 18S Range 33E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TX/NM PIPELINE <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, NEW MEXICO 88240					
Name of Authorized Transporter of Casinghead Gas GPM 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) 4001 PENBROOK ODESSA, TEXAS					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 18	Twp. 18S	Rge. 33E	Is gas actually connected? YES	When? 2/21/94

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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4/14/90	Date Compl. Ready to Prod. 5/9/90		Total Depth 5500'		P.B.T.D. 5446'			
Elevations (DF, RKB, RT, GR, etc.) 3880'	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 4942'		Tubing Depth 5124'			
Perforations 4942' - 5088'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		433'		280 SXS			
7 7/8"	5 1/2"		5500'		1350 SXS			

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 2/20/94	Date of Test 2/21/94	Producing Method (Flow, pump, gas lift, etc.) PMPING	
Length of Test 24 HRS	Tubing Pressure 8	Casing Pressure 8	Choke Size 64"
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 380	Gas - MCF 0

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
DONNA WILLIAMS
Printed Name
2/24/94
Date
Title
PROD. ASST
915-688-6943
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 28 1994
By _____
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.