

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Southland Royalty Company		Well API No. 30-025-31604
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Approved for transporting gas from this well and gas obtained from the HEAD OF LEASE MANAGEMENT (BLM).
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 West Corbin Federal	Well No. 26	Pool Name, Including Formation South Corbin (Wolfcamp)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-069420
Location				
Unit Letter <u>K</u> : 1830 Feet From The <u>South</u> Line and <u>2047</u> Feet From The <u>West</u> Line				
Section <u>08</u> Township <u>18 South</u> Range <u>33 East</u> , <u>NMPM</u> , <u>Lea</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Phillips 66 Natural Gas Company, 4001, 1998 Brook, Odessa, TX 79761
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>08</u> Twp. <u>18S</u> Rge. <u>33E</u> Is gas actually connected? <u>No</u> When ?

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	Diff Res'v
Date Spudded 2/4/91	Date Compl. Ready to Prod. 4/13/91	Total Depth 11,450'		P.B.T.D. 11,402'				
Elevations (DF, RKB, RT, GR, etc.) 3897' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,767'		Tubing Depth 11,364'				
Perforations 10,767' - 11,346'				Depth Casing Shoe 11,450'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		390'		550 sx Class C			
12-1/4"	8-5/8"		2923'		1300 sx Class C			
7-7/8"	5-1/2"		11,450'		1st-700 sx Class H			
					2nd-1575 sx Class H			

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.)

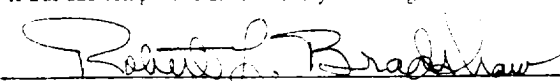
Date First New Oil Run To Tank 4/17/91	Date of Test 4/20/91	Producing Method (Flow, pump, gas lift, etc.) 2-1/3" X 1-1/4" X36" RHBM Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size N.A.
Actual Prod. During Test	Oil - Bbls. 98	Water - Bbls. 80	Gas- MCF 90

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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. Env. Rep.

Printed Name 26 April 1991 Title 915-686-5678

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved

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.