Submit 5 Cooles Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departs

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

TO TRANSPORT OIL AND NATURAL GAS

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

DISTRICT II F.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator							Well	API No.			
Southland Royalty Comp	any						30	-025-3106	5		
Address											
21 Desta Dr., Midland, T	X 79705										
Reason(s) for Filing (Check proper box,)				X Ot	her (Please explo	aun)				
New Well		Change in	Тгапаро	rter of:	R	equest tem	np. auth.	for Pride to	o haul fr	om frac.	
Recompletion	Oil		Dry Ga	s <u>U</u>	t	anks until f	low line	s construc	ted to b	attery.	
Change in Operator	Casinghe	ad Gas	Conden	sate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELI	L AND LE	ASE									
Lease Name	Well No. Pool Name, Inclu-			ding Formation K			d of Lease No.				
West Corbin Federal		25	South	h Corbin	(Wolfcar	np)		, Federal or Fee eral	LC-0	69420	
Location		1						erar	<u></u>		
Unit Letter M	<u> 510</u>	·	Feet Fro	om The So	outh Li	e and 695	F	Seet From The V	/est	Line	
Section 07 Towns	hip 18 S	South	Range	33 Eas	t , <u>,</u> ,	МРМ,		Lea		County	
III. DESIGNATION OF TRA	NCDADTE	D OF O	TI ANI	n Natri	DAL CAS						
Name of Authorized Transporter of Oil		or Conden		NATU		ve address to wh	ich approve	d copy of this for	m is to be s	ent)	
Pride Pipeline Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, Tx 79605						
Name of Authorized Transporter of Casi	nohead Gas		or Dry	Gas 🗍	Address (Gi			d copy of this for			
The or Machines The policy of Case	ngicad Cas		OI DIY	Jan	Audices (O)	re table ess to wh	иск ирргом	a copy of this for	m is to be si	inu)	
If well produces oil or liquids, give location of tanks.	Unit M				is gas actual	ly connected?	When	ı ?			
If this production is commingled with that		L	L	<u> </u>	ing order nurr		-776 ap	proved 28 N	lovembe	r 1990.	
IV. COMPLETION DATA		· · · · · · · · · · · · · · · · · · ·			. 						
Designate Type of Completion	1 - (X)	Oil Well	l G	as Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		pi. Ready to	Prod		Total Depth	I	L	PDTD		<u>.L</u> _	
1/06/91	200	2/26				11,510'		P.B.T.D.	11,465		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
3866' GR.	South Corbin (Wolfcamp)				10,826'			11,010'			
erforations								Depth Casing Shoe			
11,260-11,398'; 1	1,152'-1	1,242';	11,09	8'-11,1	20': 10.8	26'-10.876	; '		11,510'		
						NG RECORI		``			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
17-1/2"	j	13-3/8"			386'			400 sx-Circulated			
12-1/4"	+	8-5/8"			2930'			1400 sx-Circulated			
7-7/8"	 	5-1/				11,510'			sx-Circ		
· · · · · · · · · · · · · · · · · · ·	<u> </u>	2-7/8" (11,010'					
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE			·					
OIL WELL (Test must be after			of load oi	l and must					full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
2/27/91		2/28/91				·	Flowing			. <u></u> .	
ength of Test 24 hrs.	Tubing Pres	Tubing Pressure 120			Casing Press.	ire 350		Choke Size 32/64"			
Actual Prod. During Test	Oil Phie	120			Water - Bbls.			Gas- MCF			
tettas Frod. During Fest	Oil - Bois.	Oil - Bbls.			35			400			
	<u></u>	380							400		
GAS WELL											
Actual Prod. Test - MCF/D	Length of 7	est			Bbis. Conden	sate/MMCF		Gravity of Con	densate	····	
			,								
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press.	ire (Shut-in)		Choke Size			
								!		·	
/I. OPERATOR CERTIFIC	ATE OF	COMPI	LIAN(CE			CEDV	ATION	11/1010	. N. I	
I hereby certify that the rules and regul						JIL CON	SEHV	ATION D	171210	, IN	
Division have been complied with and that the information given above											
is true and complete to the best of my	knowledge an	a belief.			Date	Approved					
9 20 15	o()					F 15. 5 . 5 G					
Tolar J. Bra	ablau				Ry						
Signature Robert L. Bradshaw		Env./Re	ea. Sn	ec.				 			
Printed Name			Title		T :.1.						
01 April 1991		915-6		78	little.						
Date		Telep	hone No.]						

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.