

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. 30-025-31186
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 checked="" type="checkbox"/> Change in Transporter of: Transporter from test tanks--Pride Pipeline Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Box 2436, Abilene, Texas 79605. Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Corbin Federal	Well No. 28	Pool Name, Including Formation South Corbin (Wolfcamp)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0997
Location Unit Letter A : 660 Feet From The North Line and 810 Feet From The East Line Section 17 Township 18 South Range 33 East , 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 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 08	Twp. 18S	Rge. 33E	Is gas actually connected? No	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 x	Gas Well	New Well x	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3/07/91	Date Compl. Ready to Prod. 4/30/91		Total Depth 11,500'		P.B.T.D. 11,430'			
Elevations (DF, RKB, RT, GR, etc.) 3899' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,790'		Tubing Depth 11,412'			
Perforations 10,790' - 11,392'					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"		385'		400 sx-Circulated			
12-1/4"	8-5/8"		2930'		1255 sx-Circulated			
7-7/8"	5-1/2"		11,500'		1st-675 sx-Circulated D.V.			
					2nd-1500 sx			

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.)

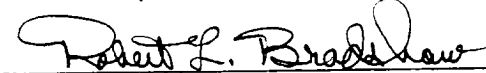
Date First New Oil Run To Tank 5/04/91	Date of Test 5/05/91	Producing Method (Flow, pump, gas lift, etc.) 2-1/2" x 1-1/4" x 36' RHBM & Flow up back	
Length of Test 24 hrs	Tubing Pressure 20	Casing Pressure 20	Choke Size 64/64"
Actual Prod. During Test	Oil - Bbls. 300	Water - Bbls. 442	Gas- MCF 420

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. Env. Rep.

Printed Name 13 May 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.