

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Geology, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SOUTHLAND ROYALTY CO	Well API No. 36-025-91233
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

THIS WELL HAS BEEN PLACED IN THE POOL

II. DESCRIPTION OF WELL AND LEASE

Lease Name WEST CORBIN FEDERAL	Well No. 30	Pool Name, Including Formation CORBIN BONE SPRING, SCOTCH	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC-069420
Location Unit Letter H : 1880 Feet From The NORTH Line and 550 Feet From The EAST Line Section 7 Township 18-S Range 33-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPELINE	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO BOX 2528, HOBBS, NM 88240
Name of Authorized Transporter of Casinghead Gas PHILLIPS 66 NATURAL GAS CO	<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 ST, ODESSA, TX 79762
If well produces oil or liquids, give location of tanks.	Unit O	Sec. 8
	Twp. 18S	Rge. 33E
	Is gas actually connected? YES	When? 6/27/92

If this production is commingled with that from any other lease or pool, give commingling order number:

PC-776

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6/13/92	Date Compl. Ready to Prod. 6/25/92	Total Depth 11,500'	P.B.T.D. 10,752'					
Elevations (DF, RKB, RT, GR, etc.) 3923.5' GR	Name of Producing Formation BONE SPRING	Top Oil/Gas Pay 9914'	Tubing Depth 2-7/8" 9812.75					
Perforations 9914' - 10018'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	407'	425 SX SURFACE					
12-1/4"	8-5/8"	3053'	1950 SX SURFACE					
7-7/8"	5-1/2"	11500'	2355 SX TOC @ 2340' BY CLB					

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 6/27/92	Date of Test 7/5/92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure -	Casing Pressure 30	Choke Size -
Actual Prod. During Test 20 BO	Oil - Bbls. 20	Water - Bbls. -	Gas- MCF 20

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 Roxann Scholz
Printed Name ROXANN SCHOLZ Title PRODUCTION ASST.
Date 7-7-92 Telephone No. 915-688-6943

OIL CONSERVATION DIVISION

Date Approved JUL 10 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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Santa Fe, New Mexico 87504-2088

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator <u>Southland Royalty Co.</u>		Lease <u>West Corbin Federal</u>		Well No. <u>30</u>
Meridian Oil Inc				
Unit Letter <u>H</u>	Section <u>7</u>	Township <u>18-S</u>	Range <u>33-E</u>	County <u>MPM Lea</u>
Actual Footage Location of Well:				
<u>1880</u>	feet from the <u>North</u>	line and <u>550</u>	feet from the <u>East</u>	line
Ground level Elev. <u>3923.5</u>	Producing Formation <u>Bone Spring</u>	Pool <u>Corbin Bone Spring, South</u>	Dedicated Acreage: <u>40</u>	Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

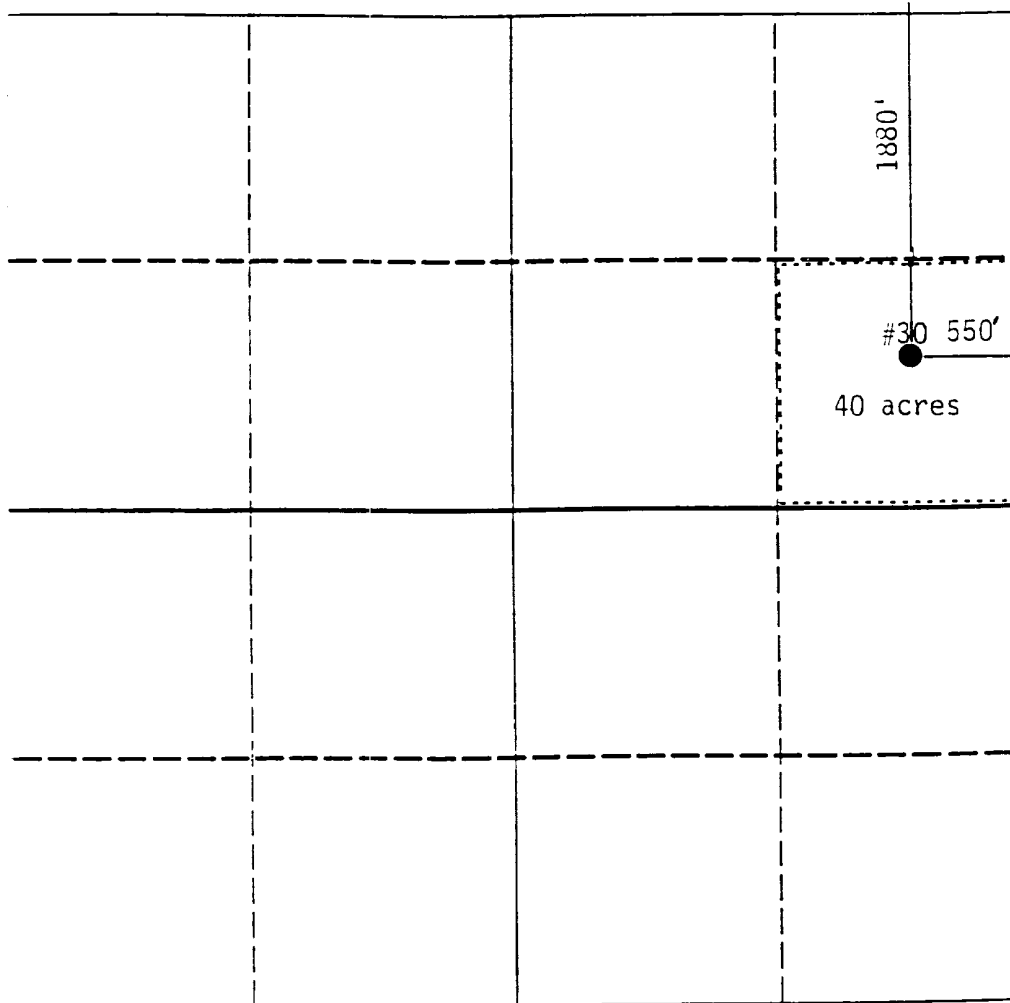
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes" type of consolidation

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature Roxann Scholz
Printed Name Roxann Scholz
Position Production Asst
Company Meridian Oil Inc
Date 6/30/92

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____
Signature & Seal of Professional Surveyor _____
Certificate No. _____