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

State of New Mexico rgy, Minerals and Natural Resources Departmen

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Anexia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| | T | OTRAI | NSPO | RT OIL | AND NA | FURAL GA | AS | N. S. | | | |
|--|-------------------|-------------------------------|------------------|-------------|---|--|----------------------------------|--|-----------------|----------------------|--|
| Operator | | | | | | Well API No. 30-025-31278 | | | | | |
| Southland Royalty Company | | | | | | 30-025-31278 | | | | | |
| Address P.O. Box 51810, Midland, | , TX 79 | 710–18 | 10 | | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | | | er (Please expl | | | 400 | | |
| New Well | | Change in | • | er of: | 25 | 00 Bbl. Te | est allowa | ble for Au | gust, 199 | 1 | |
| Recompletion | Oil Casinghead | _ | Dry Gas Condensa | ite 🗀 | | | | | | | |
| Change in Operator Change of operator give name | Cashgreso | - Cas | COLOCO | | | | | | | | |
| and address of previous operator | | | | | | | | - | | | |
| I. DESCRIPTION OF WELL | AND LEA | SE | | | | | 1 22: 4 | <u> </u> | | ana Na | |
| ease Name | | | | | ng Formation |) | | Kind of Lease State, Federal or Fee | | Lease No. NM-0997 | |
| Aztec "22" Federal | | 2 | South | Corbin | (Wolfcam | <u>ip)</u> | lFede | rai | | | |
| Location D | . 660' | | Cast Gene | n The No | rth Lin | e and 660' | . Fe | et From The | West | Line | |
| Unit Letter D | _ : | | | | | | | | | _ | |
| Section 22 Townsh | ip 18 Sc | outh | Range | 33 East | , Nî | MPM, | | Lea | | County | |
| | ic narte i | | I AND | NATTI | RAL GAS | | | | | | |
| II. DESIGNATION OF TRAN | X X | or Condens | tale _ | | Address (Giv | e address to wi | | | | | |
| Koch | | | | | P. O. Box 3609, Midland, Texas 79702 | | | | | | |
| Name of Authorized Transporter of Casin | ighead Gas | thead Gas or Dry Gas | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| 16 11 A alt a - U! Ac | Unit | Unit Sec. Twp. | | | is gas actuali | y connected? | When | ? | | | |
| If well produces oil or liquids, give location of tanks. | l D | 22 | 185 | Rge. 33E | 12 600 200 | No | | | | | |
| f this production is commingled with that | from any other | er lease or p | oool, give | commingi | ing order numi | ber: | | | | | |
| V. COMPLETION DATA | | | | | | | <u> </u> | Div. Deeb | Como Boebu | Diff Res'v | |
| Designate Type of Completion | - (X) | Oil Well | Ga | s Well | New Well | Workover | Deepen | Plug Back | Same Res'v | | |
| Date Spudded | | Date Compl. Ready to Prod. | | | Total Depth | | | P.B.T.D. | | | |
| Date Sharoon | | Date Comp. No. | | | | | | | | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas | Pay | | Tubing Depth | | | |
| Por familiary | | | | | | | | Depth Casing Shoe | | | |
| Perforations //252 - //30 | 4 | 2/2 | Lin | kon. | | | | 1 | • | | |
| | <u>T</u> | | CASIN | G AND | CEMENTI | NG RECOR | SD | | | | |
| HOLE SIZE | | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUE | ST FOR A | LLOWA | ABLE | | | | | | | 1 | |
| OIL WELL (Test must be after | recovery of to | tal volume i | of load oi | l and must | be equal to or | exceed top all | owable for the | s depth or be | for full 24 Nou | 78.) | |
| ate First New Oil Run To Tank Date of Test | | | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size | | | |
| Duga. G. 144 | | Tuoling 1 1000010 | | | | | | Goe MCE | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | | |
| | | | | | <u> </u> | | <u> </u> | 1 | | | |
| GAS WELL | | | | | Toble Conde | sete AMA | | Gravity of | Condensate | | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | |
| sting Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| Tomerall scanners of humans armony by it | | | | | 1 | | | | | <u>.</u> | |
| VI. OPERATOR CERTIFIC | CATE OF | COMP | LIAN | CE | | OIL COI | JOEDY | ATION | טואופוכ | NI. | |
| I hereby certify that the rules and regu | lations of the | Oil Conserv | vation | | ' | | NOEUA | AHON | אופועוטוע | /IN | |
| Division have been complied with and is true and complete, to the best of my | that the infor | mation give | en above | | | | لد | AHR | 1 4 199 | 1 | |
| | Thomsenke at | 12 option. 17 0 17 - 18 | Je s | | Date | Approve | ea | <u> </u> | <u> </u> | + | |
| Mine | 11/0 | /// | 20 | | 5 | - نعنصبون | + -6-/ 3 L (2) | <u> </u> | | Q: | |
| Signature | | Pos Cs | molice | | By_ | Daverson Di | t figNe) Strict is | UPERVISOR | Pau | Signe I Kautz | |
| Connie L. Malik Printed Name | | Reg Co | Title | CE N | Title | | - - | | | ologist | |
| August 12, 1991 | | | 686-56 | | Title | | | | | | |
| Date | | Tele | phone 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.

AUG 1 3 1991