Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## Energy, Minerals and Natural Resources Department

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

## IL CONSERVATION DIVISIC.

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSP(	<u>ORT OIL</u>	<u>  AND NA</u>	TURAL G					
Operator SOUTHLAND ROYALTY COMPANY						Well API No. 30-025-31492					
Address P.O. Box 51810, Midland,	TX 79	710-18	310								
Reason(s) for Filing (Check proper box)					Ou	et (Please expl	ain)				
New Well		Change in	Transpo	orter of:	_	•	·				
· · · · · · · · · · · · · · · · · · ·	Oil		Dry Ga								
Recompletion	-			_							
Change in Operator	Casinghese	Uas _	Conde			<del></del>			<del></del>		
If change of operator give name and address of previous operator				<del></del>	<del>-</del>						
II. DESCRIPTION OF WELL	ama Tachud	ing Formation Ki			nd of Lease		ease No.				
Lease Name FEDERAL "MA"	Well No.   Pool Name, Includi 8   SOUTH CORBIN				-	MP		Federal or Fe	-	64944	
Location	2062		E E.	om The N	ORTH .:.	769	· .	et From The	EAST	Line	
Unit Letter H	18-S Range 33-E										
Section 21 Township	<u>,</u>				_	MPM,	<del></del>	LEA	<del> ·</del>	County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	<u>IL AN</u>	D NATU	<u>RAL GAS</u>						
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPELINE						Address (Give address to which approved copy of this form is to be sent) P.O.BOX 2528, HOBBS, N.M. 88241					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas PHILLIPS 66 NATURAL GAS CO.						Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ST., ODESSA, TEXAS 79762					
PHILLIPS 66 NATURAL GAS	<del></del> -		, <del></del> ,		<del></del>						
If well produces oil or liquids, give location of tanks.	Unit     I	Sec. 21	Twp.   18-5	Rge.   33-E	is gas actual	y connected? NO	When	7 WILL CON	NECT IN A	MARCH	
If this production is commingled with that f	rom any othe	er lease or	pool, giv	e comming	ing order num	ber:					
IV. COMPLETION DATA	•		•	•	-	<del></del>				-	
Designate Type of Completion		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
			Dend		Total Depth	I	<u> </u>	P.B.T.D.	l		
Date Spudded	Date Comp	Date Compl. Ready to Prod.				11,540'			11,491'		
1-16-92	2-11-92				Top Oil/Gas Pay						
Elevations (DF, RKB, RT, GR, etc.) 3842.4' GR	Name of Producing Formation WOLFCAMP				11,150'			Tubing Depth 2-7/8" @10,994'			
Perforations 11, 150'-11, 242'								Depth Casing Shoe 11,540'			
TUBING, CASING AND						CEMENTING RECORD					
LIOUE DISE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
HOLE SIZE 17-1/2"	13-3/8"				416'				425 SXS - SURF.		
					2928'			1350 SXS - SURF.			
12-1/4"	8-5/8"						2175 SXS-TOC 1812'				
7-7/8"	5-1/2"				11,540'			2175 383-100 1812			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE								
OIL WELL (Test must be after re	covery of tol	al volume	of load	oil and must	be equal to or	exceed top all	owable for thi	s depth or be j	for full 24 hou	es.)	
Date First New Oil Run To Tank	Date of Tes		<del></del>			ethod (Flow, pa					
2-22-92 2-24-92					1		FLOWING				
	ļ				Casing Press	ure		Choke Size	Choke Size		
Length of Test 24	Tubing Pressure 365#			0#			24/64"				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF 410				
GAS WELL	l				<u>l </u>						
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
samp water (pas)					ļ						
VI. OPERATOR CERTIFICA	ATE OF	COMF	PLIAN	ICE		DIL CON	ICEDIA	ATION	רווען	AN.	
					'	JIL CON	NOEU A	AHON	DIAIOIC	אוע	
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.					Date Approved						
April I to					By						
Signature MARIA L. PEREZ PRODUCTION ASST.					By_	<del></del>		<del></del>	<u> </u>		
Printed Name 2-27-92			Title 688-6		Title						
Date	<del></del>		phone N								

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.