Copies nate District Office	State of New Mexico rgy, Minerals and Natural Resources Departr OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088							Form C-104 Revised 1-1-89 See Instructions			
<u>CT 1</u> 5x 1980, Hobbs, NM 88240									at Botto	m of Page	
<u>_CT II</u> _rawer DD, Artesia, NM 88210											
STRICT III 1000 Rio Brazos Rd., azec, NM 87410	REQU										
TO TRANSPORT OIL AND NATURAL GAS							Well A	Well API No.			
SOUTHLAND ROYALTY COMP	ANY					·	30-	025-3179	6		
Address P.O. Box 51810, Midland,	тх 7	9710-18	810			- (D1				. <u> </u>	
Reason(s) for Filing (Check proper box)		Change in	Transpool	ter of:	لي	r (Piease expla ANGE OIL O		AND ADD	CASINGHE	AD GAS	
New Well	Oil	۲. الح	Dry Gas		GA	THERER					
Change in Operator	Casinghe	ad Gas 🗴	Conden	nte				<u> </u>			
change of operator give name ad address of previous operator										the Pre-	
L DESCRIPTION OF WELL AND LEASE							1	SUAC N/Z &E Kind of Lease No.			
Lease Name		Well No.	1		ng Formation	MD		Federal or Fee RAL			
FEDERAL MA		9	5001	H CORBI	WOLFCA				t		
Unit Letter	<u>. 1980</u>		_ Feet Fro	m The SO	UTH Lin	and 2080	Fe	et From The	AST	Line	
Section 21 Township	, 1	8-S		33-E		MPM,		LEA	<u></u>	County	
	CDODTT		TT ANI	D NATII	RAL GAS						
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conde	naie		Address (Giv	e address to wi				unt)	
TEXAS-NEW MEXICO PIPELINE	Co.				1.11	P. O. BO		OBBS, N.M		ent)	
Name of Authorized Transporter of Casing GPM GAS CORP.	ghead Gas	X	or Dry			4001 PENE					
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	-	y connected?	When	-	01 09		
ive location of tanks.	<mark>к</mark>	21	18S	33E	L	YES			21-93		
f this production is commingled with that in V. COMPLETION DATA	from any ot	ther lease or	pool, giv	e commingi	ing other mun		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
		Oil Wel		Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion				<u> </u>	Total Depth	<u> </u>	I	P.B.T.D.	L		
Date Spudded	Date Compi. Ready to Prod.										
Elevations (DF, RKB, RT, GR, etc.)	Producing F	omation		Top Oil/Gas	Pay		Tubing Dept	h			
Perforations	<u> </u>				<u> </u>		. <u></u>	Depth Casin	g Shoe		
11/39 -112	47										
					CEMENTI	NG RECOR	D	e			
HOLE SIZE	ASING & T	UBING	SIZE	<u> </u>	DEPTH SET			SACKS CEN			
									<u> </u>		
	TEOD	ALLOW	ADIE		<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after t	recovery of	total volume	e of load	oil and mus	be equal to o	exceed top all	owable for th	is depth or be j	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of T	est			Producing M	lethod (Flow, p	ump, gas lift. FLOWING	ec.)			
1-13-93	Dubing B	1-13-	93		Casing Press	une		Choke Size			
Length of Test 24 HRS	Tubing Pressure 325#			0			32/64"				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls. 80			518			
	<u> </u>	460						_1			
GAS WELL		74			Bhis Conde	assie/MMCF		Gravity of (	Condensate		
Actual Prod. Test - MCF/D	Length o	. 1 CEL									
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC		FCOM	PLIAN	NCE	1			ATION			
I hereby certify that the rules and regu	lations of t	he Oil Cons	ervation			OILCO	NSERV	ATION		002	
Division have been complied with and is true and complete to the best of my	that the ini	formation gi	iven abov	t	Det	o Anorow	Ъd	JA	N 271	333	
-	)										
Marin L. Pere					Orig. Signed by By Rauta Geologiat						
Signature MARIA L. PEREZ	2	PRODU	CTION	ASST.			Geologia	<b>4</b> .			
Printed Name 1-25-93		915·	Title -688-6	5906	Title	9					
Date			iephone l								
		-	-		11 _		the second se			·	

INSTRUCTIONS: Inis form is to be filed in compliance with Rule 1104
Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filled for each pool in multiply completed wells.