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

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

State of New Mexico
Energy, 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 COMPANY		Well API No. 30-025-31922
Address P.O. BOX 51810 MIDLAND, TEXAS 79710-1810		
Reason(s) for Filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Other (Please explain)	
Recompletion <input type="checkbox"/>	REQUEST TEST ALLOWABLE OF 3000 BO TO TEST WELL PRIOR TO POTENTIAL TESTING may 1993	
Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name AZTEC "22" FEDERAL	Well No. 3	Pool Name, Including Formation WEST CORBIN DELAWARE	Kind of Lease State, Federal or Fee XXXX	Lease No. NM-0997
Location				
Unit Letter D	: 330	Feet From The North	Line and 330'	Feet From The West
Section 22	Township 18-S	Range 33-E	, NMPM, LEA County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil KOCH OIL Co	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) BOX 2256 WICHITA, KANSAS 67201				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.	Rge.	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 3/13/93	Date Compl. Ready to Prod.		Total Depth 5500'		P.B.T.D. 5451'			
Elevations (DF, RKB, RT, GR, etc.) 3923.5' GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 5194'		Tubing Depth 5147'			
Perforations 5194' - 5210 - (65 Holes) & 5237' - 5250 - (53 Holes)					Depth Casing Shoe 5500'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		420'		300 sxs C - surf			
7 7/8"	5 1/2"		5500'		1600 sxs C - TOC @ surf.			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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
DONNA WILLIAMS
Printed Name
5/1/93
Date
Prod. Asst.
915-688-6943
Title
Telephone No.

OIL CONSERVATION DIVISION
MAY 03 1993

Date Approved

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.