

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 COMPANY		Well API No. 30-025-32124
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 checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL MA	Well No. 10	Pool Name, Including Formation SOUTH CORBIN BONE SPRING	Kind of Lease FEDERAL	Lease No. NM 0997
Location Unit Letter G : 2180' Feet From The NORTH Line and 2020' Feet From The EAST Line Section 21 Township 18S Range 33E , NMPM , LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TX NM PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2528 HOBBS, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM GAS CORPORATION	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA, TEXAS 79762					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 21	Twp. 18S	Rge. 33E	Is gas actually connected? YES	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/7/93	Date Compl. Ready to Prod. 12/30/93		Total Depth 11,527'		P.B.T.D. 10315/CIBP @ 10350			
Elevations (DF, RKB, RT, GR, etc.) 3829' GR	Name of Producing Formation BONE SPRING		Top Oil/Gas Pay 7384'		Tubing Depth 8500'			
Perforations 7384' 9584' BONE SPRING					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" 48#		406'		425 SXS			
12 1/4"	8 5/8" 28#		3037'		1250 SXS			
7 7/8"	5 1/2" 17#		11,452'		2225 SXS			

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.)

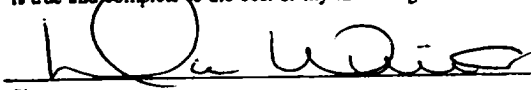
Date First New Oil Run To Tank 12/30/93	Date of Test 1/19/94	Producing Method (Flow, pump, gas lift, etc.) PMPING	
Length of Test 24 HRS	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 84	Water - Bbls. 145	Gas - MCF 35

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 
Printed Name **DONNA WILLIAMS** Title **PROD. ASST**
Date **1/21/94** Telephone No. **915-688-6943**

OIL CONSERVATION DIVISION

Date Approved **FEB 1 1994**
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.