

OIL CONSERVATION DIVISION

P. O. BOX 20000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEPARTMENT	
DIVISION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator
Southland Royalty CompanyAddress
1100 Wall Towers West, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain) SEE PAGE 104
12/1/80
REASON FOR RECOMPLETION TO RAB
IS OBTAINEDIf change of ownership give name
and address of previous ownerTHIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Scharb "4"	1	Bone Spring R-6536	State, Federal or Fee State	A-4096
Location				
Unit Letter	M	660'	Feet From The	South
Line and	660'	Feet From The	West	
Line of Section	4	Township	19-S	Range
			35-E	N.M.P.M. Lea
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Basin Inc.	511 W. Ohio Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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.	Twp.	Rge.	Is gas actually connected?	When
	M	4	19-S	35-E		

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Well	Oil. Rea
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-18-80	9-13-80	10,706'	10,574'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3865.7' Gr	Bone Spring	9614'	9512'					
Perforations	9614'-9634 1 JSPF (Scharb Bone Spring Field)		Depth Casing Shoe					
			10,700'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	424'	400 sxs
11"	8 5/8"	4005'	1525 sxs
7 7/8"	5 1/2"	10,700'	745 sxs top cmt @
	2 3/8"	9512'	75401' by Temp Survey

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

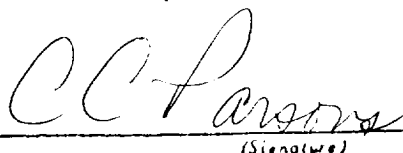
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-12-80	9-13-80	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr	200#	----	12/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
400 BO	400BO	None	None

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

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.District Operations Engineer
(Title)10-7-80
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY Jesse H. Clements

TITLE _____

This form is to be filed in compliance with RULE 1.0.

If this is a request for Allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transporter, or other such change of condition