

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

NO. OF COPIES DESIRED	
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DATE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
OPERATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
~~XXXXXXXXXXXX~~ SOUTHLAND ROYALTY CO.

Address  
21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name Smith "5"	Well No. 1	Pool Name, including Formation Scharb (Bone Spring)	Kind of Lease State, Federal or Fee Fee	Lease
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>760</u> Feet From The <u>South</u> Line of Section <u>5</u> Township <u>19S</u> Range <u>35E</u> , NMPM, Lea Cov.				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil and Natural Gas Enron Oil Trading & Transportation Company Effective 4-1-94	Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 10607, Midland, Texas 79702	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Okla. 74102
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 5	Twp. 19S
		Rge. 35E	Is gas actually connected? When Yes 7-6-81

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.

*Barbara Carter Holand*  
(Signature)  
Production Assistant  
11-8-88  
(Date)

OIL CONSERVATION DIVISION  
NOV 14 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1.05.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of cond  
Separate Forms C-104 must be filed for each pool in nu recompleted wells.