

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Southland Royalty Company

1100 Wall Towers West; Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well . Change in Transporter of: Oil Dry Gas
 Accomplition Oil Dry Gas
 Other (Please explain) Additional: Request for 350 BBL allowable for sale of test oil

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 Undesignated (Wolfcamp)	Kind of Lease State, Federal or Fee Fee	Lease No.
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Unit Letter P : 660' Feet From The East Line and 760' Feet From The South

Line of Section 5 Township 19S Range 35E . NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P.O. Box 3119; 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)

Well produces oil or liquids, give location of tanks.	Unit P	Sec. 5	Twp. 19S	Rge. 35E	Is gas actually connected?	When
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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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Hesh. <input type="checkbox"/>	Diff. Hesh. <input type="checkbox"/>
Date Spudded 1-9-81	Date Compl. Ready to Prod. testing	Total Depth 10,806'	P.B.T.D. 10,750'					
Levations (DF, RKB, RT, GR, etc.) 3850.7 GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,600'	Tubing Depth 10,000'					
Perforations 10,672'-10,707'			Depth Casing Shoe 10,806'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	11 3/4"	415'	450 SX
11"	8 5/8"	4100'	1500 SX
7 7/8"	5 1/2"	10,806'	500 SX

TEST DATA AND REQUEST FOR ALLOWABLE (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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

TEST WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate / MCF	Gravity of Condensate
Testing Method (piston, back pt.)	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 is true and complete to the best of my knowledge and belief.

(Signature)
District Operations Engineer
4-22-81

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY Jerry Sexton
Dist. L. Super

TITLE _____

This form is to be filed in compliance with N.M.C. 100-1-100.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with N.M.C. 100-1-111.

All sections of this form must be filled out completely for all wells 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 conditions.