[illegible] CATHEY WIRE LINE SERVICE

[illegible] BOX 247
[illegible]SIA NEW MEXICO 88260
Phone 396-3281

TEMPERATURE SURVEY

[illegible] SOUTHLAND ROYALTY

[illegible] SCHARB 9

[illegible]

[illegible] FORMATION

[illegible] CEMENT JOB COMPLETED 9-1-81 1700 HOURS

[illegible] SURVEY MADE 9-2-81 0100 HOURS

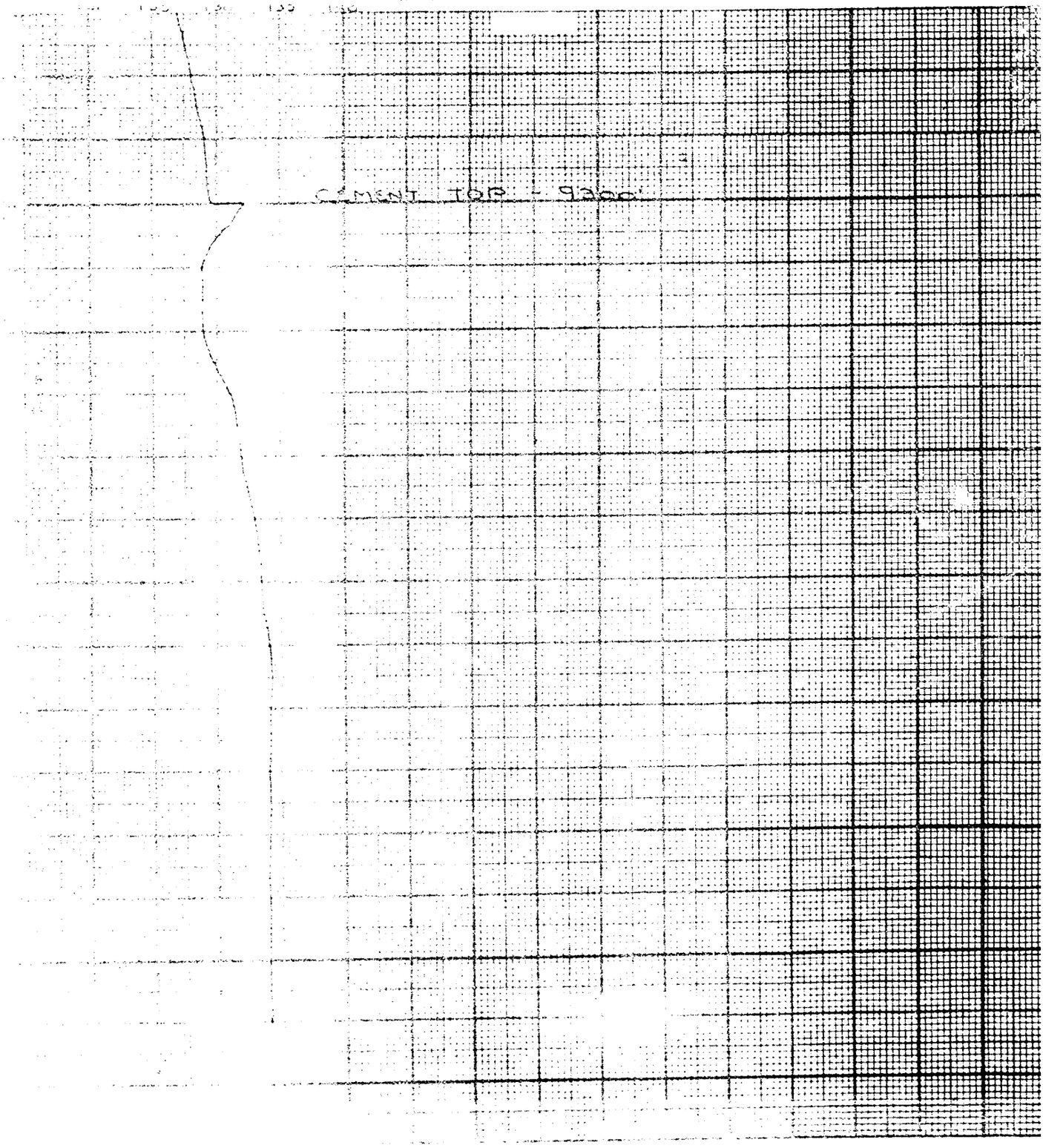
[illegible] 80 F.

[illegible]

[illegible] CEMENT TOP - 9300'

TOTAL DEPTH - 10,646'

Temperature in °F



LTR

Job separation sheet

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Southland Royalty Company

Address
1100 Wall Towers West, Midland, TX 79701

Reason(s) for filing (Check proper box)

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

Other (Please explain)
2/11/82

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

2-1-82

Lease Name	Well No.	Pool, Including Formation	Kind of Lease	Lease No.
Scharb "9"	1	~~Undes.~~ Bone Spring	State, Federal or Fee Fee	R-6890

Location
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West

Line of Section 9 Township 19-S Range 35-E NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) or Condensate ( )	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	P. O. Box 3119, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas ( )	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum	P. O. Box 1589, Tulsa, OK 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	9	19-S	35-E	No	

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

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-21-81	9-18-81	10,841	10,575
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3843.5' GR	Bone Spring	9,632	9,514
Perforations			**Depth Casing Shoe**
9632-9732' (22 holes)			10,635'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	11 3/4"	406	450 sxs Cl "C"
11"	8 5/8"	4,000	1600 sxs Lite & Cl
7 7/8"	5 1/2"	10,635	325 sxs Cl "H"

V. 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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, Gas lift, etc.)	
9-18-81	10-3-81	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	300	--	12/64
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	201	0	0

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

VI. 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)

Engineer Tech.
(Title)

10-29-81
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

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 allowable on new and recompleted wells.

Fill out only sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.