

C-103
SCHARB 9 NO. 2
CONTINUED

RLS TREATING PKR & TIH TO RBP. RLS RBP & PU TO 9670' & SET RBP. PULL BACK TREATING PKR 10' & SET. TEST TBG/ RBP TO 3000 PSI. RLS TREATING PKR & PU TO 9350' & SET.

LD BACKSIDE W/ 2% KCL & PRESS UP TO 500 PSI & MONITOR THROUGHOUT JOB. PUMP 3900G OF PENTOL 250 W/ 100 RCNBS & 1500 SCF OF N2/BBL. FLUSH TO BTM PERF W/ 2% KCL WATER W/ 1500 SCF OF N2/BBL. FLOW BACK WELL UNTIL DEAD.

BEGIN TREATMENT DOWN BACKSIDE W/ PARRAFFIN/ASPHALTENE CLEANUP CHEMICALS.

RLS TREATING PKR & TIH TO RBP. RLS RBP & TOOH. TIH W/ TBG, TAC, RODS & PUMP. TURN TO PRODUCTION.

OIL CONSERVATION DIVISION

P. O. BOX 2066

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Southland Royalty Company

Address

21 Desta Drive, Midland Texas 79705

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Effective 8-19-83

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease Fee			
Scharb "9"	2	Scharb (Bone Springs)	State, Federal or Fee	Fee			
Location							
Unit Letter	F	1980 Feet From The North	Line and	1980 Feet From The West			
Line of Section	9	Township	19S	Range	35E	County	Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipe Line Co.	P. O. Box 42130, Houston, Texas 77042					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Company	P. O. Box 1589, Tulsa Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	9	19S	35E	Yes	8-3-83

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 Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

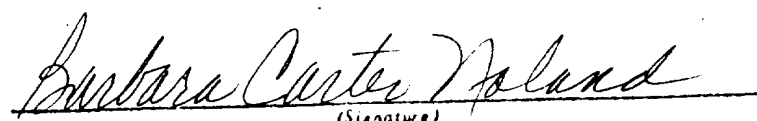
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.



Production Analyst

(Title)

September 15, 1983

(Date)

OIL CONSERVATION DIVISION

SEP 26 1983

APPROVED

ORIGINAL SIGNED BY JERRY SEXTON, 19

BY DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 11.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 11.1.

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 owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple.

RECEIVED
SEP 23 1988
O.C.D.
HOBBS OFFICE