

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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 ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐Other **CASINGHEAD GAS MUST NOT BE
FLAMED OFF** 4/17/84
**UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease Fee
Scharb "9"	3	Scharb (Bone Springs)	State, Federal or Fee	
Location				
Unit Letter		Feet From The	Line and	Feet From The
L	2130	South	660	West
Line of Section	9	Township	19S	Range
			35E	N.M.P.M., Lea

II. 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)	
The Permian Corp. SCURLOCK PERMIAN CORP EFF 9-1-91	P.O. Box 3119, Midland, Texas 79702	
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	P.O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
F	9	19S
		35E
		No

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restrict.	Other
XX			XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10-3-83	11-28-83		9920'		9871'			
Elevations (DE, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3822.2' GR	Bone Springs		9596'		9693'			
Perforations			Is gas actually connected?		When			
9596-9692'			No					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		420'		400 SX.			
12 1/4"	8 5/8"		4140'		2000 SX.			
7 7/8"	5 1/2"		9920'		665 SX.			
	2 3/8" & 2 7/8"		9693'					

VI. 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 oil able 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.)	
12-13-83	2-17-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
5 BO	5 BO	2 BW	TSTM

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

VII. 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.

OIL CONSERVATION DIVISION
APPROVED FEB 27 1984, 19BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____This form is to be filed in compliance with RULE 1.01.
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 1.01.

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 ownership, number, or transporter or other such change of condition.
Form C-104 must be filed for each pool in each

Operations Engineer

(Signature)

2/23/84

(Date)

RECEIVED
FEB 24 1984
O.C.D.
HOMES OFFICE