

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 DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
USPS	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROMOTION OFFICE	

Operator
Southland Royalty Company

Address
21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Scharb "9"	Well No. 4	Pool Name, including Formation Scharb (Bone Springs)	Kind of Lease State, Federal or Fee	Lease #
Location Unit Letter <u>C</u> ; <u>2086</u> Feet From The <u>West</u> Line and <u>766</u> Feet From The <u>North</u> Line of Section <u>9</u> Township <u>19S</u> Range <u>35E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, Texas 79702					
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 1589, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 9	Twp. 19S	Rge. 35E	Is gas actually connected? Yes	When Unknown

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
XX			XX					
Date Spudded 4-6-84	Date Compl. Ready to Prod. 7-9-84	Total Depth 9900'	P.B.T.D. 9860'					
Elevations (DF, RKB, RT, GR, etc.) 3845' GR	Name of Producing Formation Bone Spring "YH"	Top Oil/Gas Pay 9572'	Tubing Depth 9488'					
Perforations 9572-9700'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	430'	400 SX.					
12 1/4"	8 5/8"	4000'	2150 SX.					
7 7/8"	5 1/2"	9900'	460 SX.					
	2 3/8"	9488'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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 7-9-84	Date of Test 7-12-84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 255#	Casing Pressure -	Choke Size 35/64"
Actual Prod. During Test 406 BO	Oil-Bbls. 406 BO	Water-Bbls. 0	Gas-MCF 380

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

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.

John Stark
(Signature)

Operations Engineer

7/24/84

(Date)

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 21 1984, 19

BY ORIGINAL FILED IN SECTION

TITLE

This form is to be filed in compliance with RULE 10.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 owner, well name or number, or transporter, or other such change of conditions. Separate Form C-104 must be filed for each pool in multi-