

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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I.

Operator Southland Royalty Company	
Address 21 Desta Drive, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith "5"	Well No. 4	Pool Name, including Formation Scharb (Bone Spring)	Kind of Lease State, Federal or Fee	Fee
Location				
Unit Letter I	2149	Feet From The South	Line and 700	Feet From The East
Line of Section 5	Township 19S	Range 35E	NMPM	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corp. Permian (EP 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 ☒ or Dry Gas ☐ Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 5
	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 Reservoir ☐	Drill, Re-
Date Spudded 8-14-84	Date Compl. Ready to Prod. 11-5-84	Total Depth 9900'	P.B.T.D. 9854'					
Elevations (DF, RAB, KT, GR, etc.) 3866.3' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 9530'	Tubing Depth 9508'					
Perforations 9530-9610' Bone Spring	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	400'	400 SX.					
12 1/4"	8 5/8"	4000'	2200 SX.					
7 7/8"	5 1/2"	9900'	475 SX.					
	2 7/8"	9508'						

V. 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 of hole for this depth or be for full 24 hours)

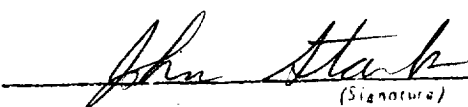
Date First New Oil Run To Tanks 11-6-84	Date of Test 2-1-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 4 BO	Oil-Bbls. 4	Water-Bbls. 6	Gas-MCF 12

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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)

Operations Engineer

2/5/85

(Date)

(Data)

OIL CONSERVATION DIVISION

APPROVED **FEB - 8 1985**, 19BY **ORIGINAL SIGNED BY JERRY SEXTON**TITLE **DISTRICT I SUPERVISOR**

This form is to be filed in compliance with RULE 110.1.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 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 well name or number, or transporter, or other such change of conditions.

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

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FEB -7 1985

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