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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1. Type of Work

2. Type of Well DRILL ☐ DEEPEN ☐ PLUG BACK ☒

3. Type of Well OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

4. Name of Operator

Southland Royalty Company

5. Address of Operator

1100 Wall Towers West, Midland, TX 79701

6. Location of Well

UNIT LETTER M LOCATED 2970 FEET FROM THE south LINE

AND 990 FEET FROM THE west LINE OF SEC. 2 TWP. 21 RGE. 37 NADEN

5A. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-11613

7. Unit Agreement Name

8. Farm or Lease Name

State

9. Well No.

4

10. Field and Pool, or Wildcat

Hare/Simpson

11. County

Lea

19. Proposed Depth

7600'

19A. Formation

Abo

20. History of C.T.

-

21. Elevations (show whether D.F., K.I., etc.)

3494 D.F.

21A. Kind & Status Plug. Bond

Blanket

21B. Drilling Contractor

-

22. Approx. Date Work will start

2-15-79

23.

Existing ~~PROPOSED~~ CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	54.5#	253'	240	cmt circ
11"	8 5/8"	28.5#	2996'	2200	cmt to surf.
7 7/8"	5 1/2"	15.5 & 17#	8005'	550	4690'

It is proposed to plugback the well to test the Abo as follows:

1. Rig up, pull rods & tubing.
2. Run GRN log from 5000' to TD.
3. Set CIBP @ 7600'; cap w/35' cmt.
4. Perforate selectively the Abo interval from 7000' to 7200'.
5. Acidize interval w/3000 gals.
6. Swab test to determine productivity.
7. If necessary, frac interval w/40,000 gals frac fluid w/23,000# 100 mesh sand.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE CLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed C. Harnay Can Title District Engineer Date 2-8-79

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE FEB 12 1979

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-107  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

Operator <b>Southland Royalty Company</b>			Lease <b>State</b>		Well No. <b>4</b>
Unit Letter <b>M</b>	Section <b>2</b>	Township <b>21</b>	Range <b>37</b>	County <b>Lea</b>	

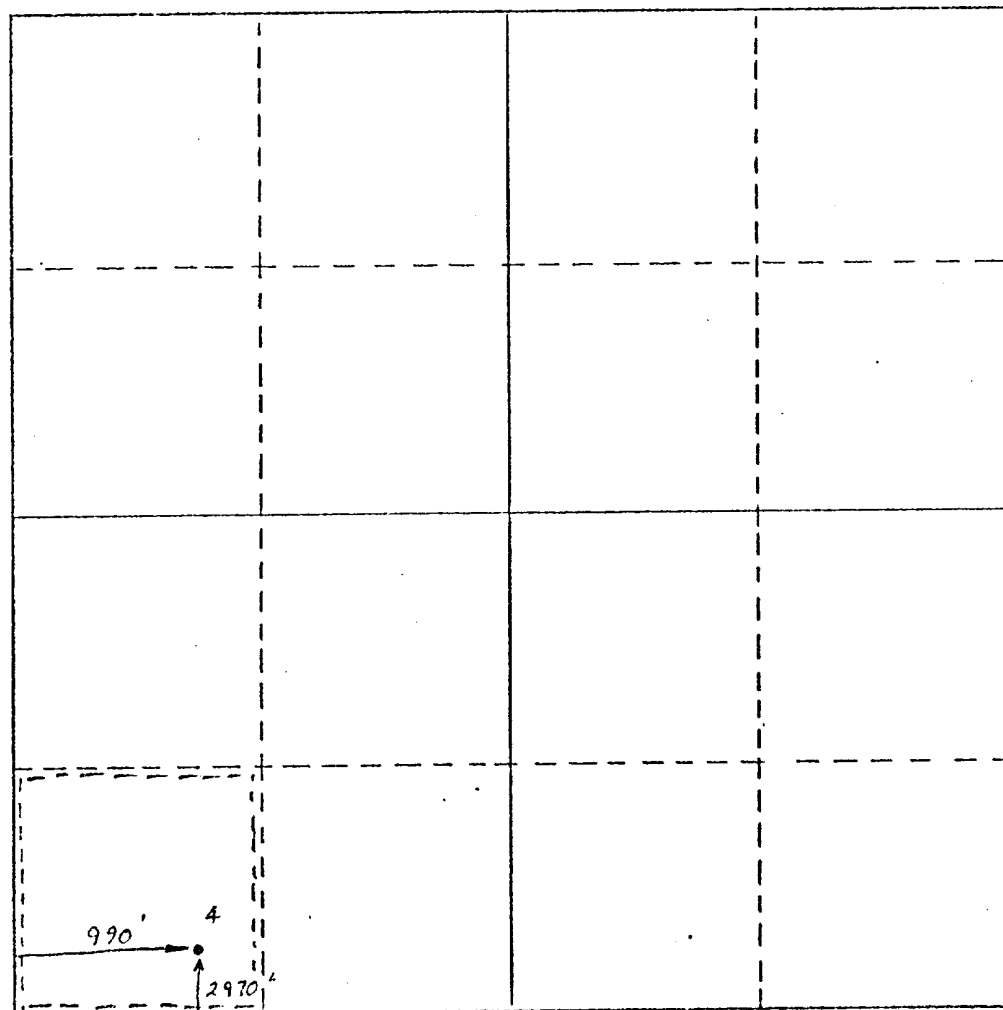
Actual Footage Location of Well:							
<b>2970</b>	feet from the	<b>south</b>	line and	<b>990</b>	feet from the	<b>west</b>	line
Ground Level Elev. <b>3494 D.F.</b>	Producing Formation <b>Abo</b>		Pool <b>Wantz</b>		Dedicated Acreage: <b>40</b> Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name  
**Donald R. Craig**

Position  
**Engineer**

Company  
**Southland Royalty Co.**

Date  
**2-7-79**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.

0 300 600 900 1200 1500 1800 2100 2400 2700 3000 3300 3600

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	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

I. Operator  
Southland Royalty Company  
Address  
1100 Wall Towers West, Midland, Texas 79701  
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)  
Name change effective 1-1-78

If change of ownership give name and address of previous owner Aztec Oil & Gas Co., P.O. Box 837, Hobbs, New Mex. 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 4	Pool Name, Including Formation Hare/Simpson	Kind of Lease State, Federal or Fee	STATE	Lease No. B-11613
Location Unit Letter M	2970	South	990	West	
Line of Section 2	Township 21-S	Range 37-E	Lea	NMPM,	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1231, Midland, Texas 79702
If well produces oil or liquids, give location of tanks. Unit M Sec. 2 Twp. 21s Rge. 37e	Is gas actually connected? Yes When 2/52

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'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, 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					

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 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 (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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. Harney  
District Engineer  
December 21, 1977  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 30 1977  
BY Orig. Signed by  
Jerry Sexton  
TITLE Dist. L. Supv.

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 deviator 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 owner, well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multi-