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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-110
Effective 1-1-65

I. Operator
Southland Royalty Company
Address
1100 Wall Towers West, Midland, TX 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)
**Commingle Blinebry and Drinkard.
Administrative Order**

No. DHC-252

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 7	Pool Name, including Formation Blinebry & Drinkard	Kind of Lease State, Federal or Fee State	Lease No. B-11613
Location Unit Letter C : 921 Feet From The north Line and 1650 Feet From The west Line of Section 2 Township 21-S Range 37-E , NMPM, Lea 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, TX 79701					
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, TX 79701					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 21-S	Rge. 37-E	Is gas actually connected? yes	When 10-9-56

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded 11-25-74	Date Compl. Ready to Prod. 11-9-78 (commingle)	Total Depth 6996	P.B.T.D. 5945					
Elevations (DF, RAB, RT, GR, etc.) 3520 KB	Name of Producing Formation Blinebry & Drinkard	Top Oil/Gas Pay 5750 (Blinebry)	Tubing Depth 6800					
Perforations Blinebry: 5750-60', 5772-82', 5790-5800', 5822-38', 5844-68', 5896-5904', 5912-28', 5934-46'	Depth Casing Shoe 6945		TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	210'	245 sx-circ.					
11"	8 5/8"	3022'	1950 sx-circ.					
7 7/8"	5 1/2"	6060'	200 sx					
4 3/4"	3 1/2"	5708-6945'	100 sx					

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 1-10-75	Date of Test 11-6-78	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure open	Casing Pressure open	Choke Size open
Actual Prod. During Test	Oil-Bbls. 13	Water-Bbls. 29	Gas-MCF 136

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 Carr
(Signature)
District Engineer
(Title)

Dec. 11, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 13 1978**, 19____
BY **John W. Runyan**
TITLE **Geologist**

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 deviation 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 condition.
Separate Forms C-104 must be filed for each pool in multiple completions.