(HO. OF COPIES NELE					
	DISTRIBUTIO					
	SANTA FE]			
	FILE					
	U.S.G.5,					
	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS				
	OPELATOR					
	PROFATION OFFICE					
	Operator					
	Southland Royalt					
	Address					
	1100 Wall Towers					
	Reason(s) for liling (Check proper box)					
	New Well					
	Recompletion X					
	Change in Ownershif					

	REQUEST FOR ALLOWABLE AND			Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRAF	ISPORT OIL AND NATURAL GA	15	
	TRANSPORTER OIL				
	OPEL FOR				
1.	PROFATION OFFICE				
	Southland Royalt	y Company	,		
		West, Midland, TX	79701		
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well X	Change in Transporter of: OII Dry Gas	Plug back fro	om Drinkard.	
	Change in Ownership	Casinghead Gas Condens	sote	·	
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including For	rmatter Kind of Lease	Lease No.	
	Lease Name State	7 Blinebry	State, Federal	a lp 336331	
	Location C . 92	1 Feet From The north Line	and 1650 Feet From T	he west	
	2	21 G	37-Е , ммрм, Lea	County	
	Zine or over				
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS or Condensate	S Address (Give address to which approve	ed copy of this form is to be sent)	
	Texas-New Mexico	Pipeline Co.	P.O. Box 1510, Mic Address (Give address to which approx	fland, TX 79701	
	Name of Authorized Transporter of Cas. Getty Oil Co.	nghead Gas 🔀 — or Dry Gas 🔃 —	P.O. Box 1231, Mic		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When	n.	
	give location of tanks.	F 2 21-S 37-E	yes	10-9-56	
ıv	If this production is commingled with COMPLETION DATA	n that from any other lease or pool, g		2 2 4 5 11 2 11	
	Designate Type of Completio	(X) Oil Well Gas Well (X)	New Well Workover Deepen	Piug Back Same Resty, Diff, Resty,	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	11-25-74	2-14-78 (plug back)		5970 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) 3520 KB	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5750	5738	
	Perforations	790-5800, 5822-38, 58		Depth Casing Shoe 6975	
	5/50-60, 5//2-82, 5	TUBING, CASING, AND		0575	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	sacks cement 245 sx - circ.	
	17 1/2 "	13 3/8"	210	1950 sx - circ.	
	7 7/8"	8 5/8" 5 1/2"	3022	200 sx	
	4 3 / 4 "	3 1/2"	5708-6945 (liner	1	
V.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be of able for this de	,	and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Tee:	Producing Method (Flow, pump, gas lif	i, etc.)	
	2-14-78 Length of Test	5-14-78 Tubing Pressure	Casing Pressure	Choke Size	
	24	50	50	Gas-MCF	
	Actual Prod. During Test	Cil-BEls.	3	90	
	17				
	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbla. Condensate/NMCF	Gravity of Condensate	
	Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Sire	
			OH CONSERVA	TION COMMISSION	
Vi	CERUFICATE OF COMPLIANCE	CE CONTRACTOR CONTRACT	MAY 2 %	13/8	
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED MAY 64 13/8		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		DI			
	_		TITLE SUPERVISOR DISTRICT 1		
	_ C. Harney Can		This form is to be filed in compliance with BULE 1104. If this is a request for allowable for a newly drilled or despends well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with BULE 111.		
	C. Harvey Can	nture)			
District Engineer			All sactions of this form must be filled out completely for china		
	(1)	(le)	eble on new and recompleted wells. Fill out only Sections I, B. III, and VI for changes of owner.		
	5-19-78	(C)	Il wall name or nondea, or transport	full tit Offiliat metert e timetika en en a	
			heparate Forms Coill must be filed for each pool in multiple completed wells.		

NEW MEMICO OIL CONSERVATION COMMISSION WELL LC ATION AND ACREAGE DEDICATION PLAN

Form C-102 Supersedes C-128 Effective 1-1-65

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

		All distances must be fr	om the outer boundaries of	the Section.	
Southla	nd Royalty	Company	Legse State		Well No.
Unit Letter	Section	Township	Hange	County	
С	2	21-S	37-E	Lea	
Actual Footage Loc	ation of Well:				
921	feet from the Y	north line and	1650 fe	et from the west	line
Ground Level Elev.	Producing For	mation	Pool		Dedicated Acreage:
3520 ' KB	Blir	nebry	Blinebry		40 Acres
2. If more th		ted to the subject we			the plat below.
3. If more the dated by c Yes If answer this form i No allowate forced-poo	none lease of dommunitization, to the lease of dommunitization, to the lease of dommunitization, to the lease of necessary.)	nswer is "yes;" type o owners and tract desc	ng. etc? f consolidation riptions which have a interests have been	consolidated (by co	dated. (Use reverse side of mmunitization, unitization, a approved by the Commis-
sion. South	aland Royals 921 7 40 ac	cres		Name C. Position Dis Company SOU Date 5-1	CERTIFICATION If certify that the information con- therein is true and complete to the my knowledge and belief. Harvey Carr Strict Engineer Athland Royalty Co. 19-78 By certify that the well location for this plat was plotted from field of actual surveys made by me or my supervision, and that the same and correct to the best of my dige and belief.
	 		 	Registere	d Professional Engineer and Surveyor
2 330 660	90 1320 1650 19	80 2310 2640 2000	1 1	Certificat	e No.