

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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LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Highland Production Company

Address

P. O. Box 6326, Odessa, Texas, 79767-6326

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Southland Royalty Company, 21 Desta Drive, Midland, Texas, 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State BD - 36	2	Blinbry	State, Federal or Fee State	E-6143
Location				
Unit Letter	P	990 Feet From The	South Line and	660 Feet From The
Line of Section	36	T. Township	22 S	Range
			37 E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas - New Mexico Pipeline	P. O. Box 2528, Hobbs, New Mexico, 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Getty Oil Company	P. O. Box 1650, Tulsa, Oklahoma, 74101					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	36	22S	37E	Yes	

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'tv.	Diff. Res'tv.
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 (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.Marvin L. Smith
President

(Signature)

(Title)

September 1, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____
TITLE _____

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 allow-
able 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-101 must be filed for each pool in multiple
completed wells.

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NEW MEXICO OIL CONSERVATION COMMISSION
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JAN 14 1980

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDARY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR NOTICES TO ABANDON THE WELLS OR TO A DIFFERENT RESERVOIR.
SEE APPLICATION FOR PERMIT TO PRODUCE OIL FOR SUCH PURPOSES.

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Southland Royalty Company

3. Address of Operator
1100 Wall Towers West, Midland, Texas 79701

4. Location of Well
UNIT LETTER P 990 FEET FROM THE south LINE AND 660 FEET FROM
THE east LINE, SECTION 36 TOWNSHIP 22 RANGE 37 N.M.P.M.

5. Elevation (Show whether DE, RT, GR, etc.)
3304' GR

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
E-6143

7. Unit Agreement Name

8. Farm or Lease Name
State BD "36"

9. Well No.
2

10. Field and Pool, or Wildcat
Blinebry

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <u>Squeeze csq for salt water flow</u> <input checked="" type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 12-21-79 Rig up run & set RBP @ 5000' Pressure up to 800# on csq. Ran temp survey while pumping down bradenhead. Showed fluid going out from 500-800'.
- 12-22-79 Perf 4 squeeze hole @ 1238'. Open Bradenhead. Pump 300 sx Class "C" circ cmt to surface. Shut Bradenhead valve and squeeze 100 sx into formation @ 850# SD.
- 12-26-79 Drill out cmt from 1095-1250'. CK squeeze holes. Flwd back 5 BW and died.
- 12-27-79 Pump into squeeze holes 1 GPM @ 1500#. Retrieve RBP
- 1-4-80 Acidized Blinebry zone with 3000 gals. Pulled tbq. Run rods, tbq and place on pump. I.P. 9 BO, 4 BCW, 41 BFW & 88 MCFGPD.

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

ISSUED C. Harvey Pan TITLE District Engineer DATE 1-8-80

ORIG. SIGNED BY John Runyan TITLE Geologist DATE JAN 16 1980

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

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J.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION RECEIVED

Supersedes Old
C-102 and C-103
Effective 1-1-65

DEC 3 - 1979

O. C. C.

SUNDY NOTICES AND REPORTS ON WELLS

ARTERIA, OFFICE

DO NOT USE THIS FORM FOR NOTICES TO WELL OWNERS TO REPORT ON WELLS TO A MINERAL RESERVE.

☒ OIL WELL ☐ GAS WELL ☐ OTHER

Name of Operator
Southland Royalty Company

Address of Operator
1100 Wall Towers West, Midland, Texas 79701

Location of Well
 UNIT LETTER P 990 FEET FROM THE south LINE AND 660 FEET FROM
east LINE, SECTION 36 TOWNSHIP 22 RANGE 33 37 N.M.P.M.

50. Indicate Type of Lease
 State ☒ Fee ☐

5. State Oil & Gas Lease No.
E-6143

7. Unit Agreement Name

8. Form of Lease Name
State BD "36"

9. Well No.
2

10. Field and Pool, or Well Unit
Blaineby

12. County
Lea
Edley

13. Elevation (Show whether DF, RT, GR, etc.)
3304' GR

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>REPAIR BRADHEAD SALTWATER FLOW</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Rig up. Pull rods & tubing.
2. Run RBP & set @ 5000'. Pressure up on production csg.
3. Pump in tracer material & run survey (Commission needs to be notified 24 hours prior to running survey).
4. If surface casing has a leak, shut-down for further evaluation.
5. If no leaks are found, Brandenhead squeeze well with 750 sx. Class "C" Neat (300% excess).
6. Run temp. survey to determine base of cement.
7. Retrieve RBP. Run packer & set @ 5350'. Acidize well w/3000 gallons 15% NEFE acid in two stages w/50 bs between stages.
8. Swab & return to production.

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

SIGNED A. Harney TITLE District Engineer DATE 11-30-79

ORIGINATED BY Jerry Sexton TITLE District Engineer DATE DEC 5 1979

DIVISION OF APPROVAL 11-30-79

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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, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
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 Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name State B-D 36	Well No. 2	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or Fee State	Lease No. E-6143
Location Unit Letter <u>P</u> <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>36</u> Township <u>22-s</u> Range <u>37-e</u> , NMPM, <u>Lea</u> 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 Co.	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 <u>J</u> Sec. <u>36</u> Twp. <u>22s</u> Rge. <u>37e</u>
Is gas actually connected?	When <u>4-12-65</u>

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.

E. H. [Signature]
(Signature)
District Engineer
(Title)
December 21, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Jerry Sexton Pres. I. Sec'y.
TITLE _____

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 multiply completed wells.