

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                       |     |
|-----------------------|-----|
| NO. OF COPIES DESIRED |     |
| DISTRIBUTION          |     |
| SANTA FE              |     |
| FILE                  |     |
| U.S.U.S.              |     |
| LAND OFFICE           |     |
| TRANSPORTER           | OIL |
|                       | GAS |
| OPERATOR              |     |
| PRODUCTION OFFICE     |     |
| 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              | Well No. | Pool Name, Including Formation | Kind of Lease         | Lease No.         |
| Vaca Ridge "21" Fed Com | 1        | Pitchfork Ranch (Morrow) 7996  | State, Federal or Fee | Federal NM20380   |
| Location                |          |                                |                       |                   |
| Unit Letter             | 0        | 1980 Feet From The             | East Line and         | 660 Feet From The |
| Line of Section         |          | 21                             | Township              | 24S               |
| Range                   |          | 34E                            | , NMPLM, Lea          |                   |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                             |                                     |                                                                          |      |      |                            |         |
|-------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------|------|------|----------------------------|---------|
| Name of Authorized Transporter of Oil                       | or Condensate                       | Address (Give address to which approved copy of this form is to be sent) |      |      |                            |         |
| The Permian Corporation                                     | <input checked="" type="checkbox"/> | P. O. Box 3119, Midland, Texas 79702                                     |      |      |                            |         |
| Name of Authorized Transporter of Casinghead Gas            | or Dry Gas                          | Address (Give address to which approved copy of this form is to be sent) |      |      |                            |         |
| Southland Gathering Company                                 | <input checked="" type="checkbox"/> | Box 1078, Jal. New Mexico 88252                                          |      |      |                            |         |
| If well produces oil or liquids,<br>give location of tanks. | Unit                                | Sec.                                                                     | Twp. | Rge. | is gas actually connected? | When    |
|                                                             | 0                                   | 21                                                                       | 24S  | 34E  | Yes                        | 5-30-85 |

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 | Case Ream | Other |
|                                    |                             | XX              | XX           |          |        |           |           |       |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.S.T.D.     |          |        |           |           |       |
| 3-25-84                            | 5-24-84                     | 15,200'         | 15,135'      |          |        |           |           |       |
| Elevations (DF, RAB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |           |       |
| 3500.5' GR                         | Morrow                      | 14,457'         | 12,385'      |          |        |           |           |       |
| Perforations                       | Depth Casing Shoe           |                 |              |          |        |           |           |       |
| 14,457-74'                         |                             |                 |              |          |        |           |           |       |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET      | SACKS CEMENT |
|-----------|----------------------|----------------|--------------|
| 17 1/2"   | 13 3/8"              | 600'           | 490 SXS.     |
| 12 1/4"   | 9 5/8"               | 5172'          | 2600 SXS.    |
| 8 3/4"    | 7"                   | 13,012'        | 1425 SXS.    |
| 6 1/8"    | 4 1/2" liner         | 12,441-15,200' | 425 SXS.     |
|           | 2 7/8"               | 12385'         |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| 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 |
| 570                              | 1 hr                      | 0                         | 0                     |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |
| Back Pr.                         | 7930                      | -                         | 6.5/64"               |

## 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.Danell Roberts  
(Signature)

Operations Engineer

(Title)

6/11/85

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUL - 8 1985, 19BY ORIGINAL SIGNED BY JERRY SEXTON

DIST. OF MINERALS

TITLE

This form is to be filed in compliance with RULE 1101.

If this is a request for allowable for a newly drilled or deepen  
well, this form must be accompanied by a tabulation of the deviated  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter or other such change of condition.  
Separate Form C-104 must be filed for each pool to which

RECEIVED

JUN 17 1985

OCD  
HQBZ OFFICE