STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

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	[XX]	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.
Madera Ridge "27" St COM	1	Johnson Ranch (Wolfcamp)	State, Federal or Fee State	LG 4558

Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East

Line of Section 27 Township 24S Range 33E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil [ ] or Condensate [XX]	Address (Give address to which approved copy of this form is to be sent)
The Permian Corp. Permian (Eff. 9/1/87)	P.O. Box 3119, Midland, Tx 79702
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX]	Address (Give address to which approved copy of this form is to be sent)
Southland Gathering Company	P. O. Box 1078, Jal, NM 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	27	24S	33E	No	Connected 10/16/86 ~~Unknown~~

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 Pool	Diff. Res.
		XX				XX		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-22-86	6-5-86	15,694'	14,770'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3522.4' GR	Wolfcamp	13,266'	12,687'
Perforations			**Depth Casing Shoe**
13,266-532'			-

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	800'	850 sx.
12 1/4"	9 5/8"	5055'	2150 sx.
8 3/4"	7"	13,130'	1625 sx.
	2 7/8"	12,687'	

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

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
236.9	4 hrs.	9.2	52
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pr.	7984	-	13/64"

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.

Cathy Nokes
(Signature)

Engineering Tech III
(Title)

7/2/86
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 7 1986, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1103.

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 operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply