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

III.

IV.

VI.

(Date)

REQUEST FOR ALL OWARLE

Form C-104
Supersedes Old C-104

FILE			Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE	_ AUTHORIZATION TO TRA	AND NATURAL O	5AS	
TRANSPORTER OIL		0 19 HM 68		
GAS				
OPERATOR DESIGN	_			
Operator Operator				
Southland Royalty	Company			
Address				
1405 Wilco Bldg., I				
Reason(s) for filing (Check proper ba	(x)	Other (Please explain)		
New Well X	Change in Transporter of:			
Recompletion Change in Ownership	Oil Dry Ga	 		
Change in Ownership	Casinghead Gas Conden	nsate		
If change of ownership give name	_			
and address of previous owner		7		
DESCRIPTION OF WELL AND	LEASE	1771		
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
Gulf Federal	l Undesignated		or Fee Federal NM-045081	
Location / _				
Unit Letter D;	560 Feet From The North Lin	le and 660 Feet From T	The West	
Line of Section 20 To	ownship 25-S Range	35-E , NMPM,	T-0-7	
Line of Section 20	Musurb 53-2 Kande	35-E , NMPM,	Lea County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of O		Address (Give address to which approx	ed copy of this form is to be sent)	
The Permian Corpo		P.O. Box 3119, Mid		
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)	
Will be flared		_		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en .	
give location of tanks.	D 20 25-S 35-E	No		
· · · · · · · · · · · · · · · · · · ·	with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
Designate Type of Complet	ion - (X) X	X	1 1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
6-8-67	3-28-68	20,066'	14,500'	
Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth	
3320.8 GR	Wolfcamp	13,466'	13,428 Depth Casing Shoe	
• • • • • • • • • • • • • • • • • • • •	52-14138, 14233-14379°	1	17,905'	
20100 20021/ 2070		CEMENTING RECORD	17,905	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
26"	20"	380'	750	
17½"	13 3/8"	5,300 '	3840	
124"	10 3/4"	12,825'	2697	
9½"	7 5/8" liner	12,536' - 17,905'	1200	
	FOR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil (pth or be for full 24 hours)	and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)	
3-28-68	3-31-68	Flow		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs.	1400	Packer	1/4"	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
295	213	82	1374	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Ploa. 1881-MCF/D	Langur of Teat	BDIB. COMMINGE	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
CERTIFICATE O' COMPLIAN	JCF	OU CONSERVA	TION COMMISSION	
CERTIFICATE O COMPETA		OIZ SONSE.WA	THEN COMMISSION	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19	
Commission have been complied	with and that the information given	And Have		
above is tide and complete to tr	ne best of my knowledge and belief.	BY_		
Ŋ	İ	TITLE		
Il Oliver		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		
· •	nature)	well, this form must be accompanied tests taken on the well in accor	hied by a tabulation of the deviation dence with RULE 111.	
Drilling Engineer		All sections of this form must be filled out completely for allow-		
May 27, 1968	(ttle)	able on new and recompleted we		
FIGT 211 TOO		Fill out only Sections I, II	. III, and VI for changes of owner,	

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.