

OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION
RECEIVED

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088 '93 JAN 28 AM 9 31

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Southland Royalty		Well API No. 30-045-07492
Address PO Box 4289, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> commingle w/Pic.Cliffs	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cain	Well No. 8	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, (Federal) or Fee	Lease No. SF-080781
Location Unit Letter H : 1650 Feet From The North Line and 1190 Feet From The East Line Section 15 Township 28 Range 10 , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sunterra Gas Gathering	Address (Give address to which approved copy of this form is to be sent) PO Box 1869, Bloomfield, NM 87413					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 15	Twp. 28	Rge. 10	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number.

DHC 854

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						X
Date Spudded 4-19-59	Date Compl. Ready to Prod. 9-27-92		Total Depth 2078'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 5837' 5833	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1823'		Tubing Depth 2000'			
Perforations 1823-35', 1877-84', 1896-98', 1946-61'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	8 5/8"		128'		130 sx			
	4 1/2"		2031'		75 sx			
	2 3/8"		2000'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

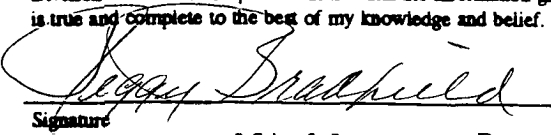
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 1479	Length of Test 3 hrs	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) 215	Casing Pressure (Shut-in) 240	Choke Size 3/4"

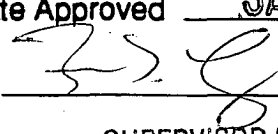
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.


Signature
Peggy Bradfield
Printed Name
1-8-93
Date
Reg. Affairs
326-9700
Title
Telephone No.

OIL CONSERVATION DIVISION

1-25-93
Date Approved JAN 25 1993

By 
Title SUPERVISOR DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.