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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110
Effective 1-1-68

1.

Operator Southland Royalty Company	
Address P. O. Drawer 570, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huber	Well No. 1	Pool Name, including Formation So. Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-19147
Location				
Unit Letter E	1775	Feet From The North	Line and 1030	Feet From The West
Line of Section 31	Township 23N	Range 1W	NMPM, Sandoval	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)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	NO	

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 Resrv.	Diff. Resrv.
		X	X					
Date Spudded 3-19-80	Date Compl. Ready to Prod. 9-19-80	Total Depth 2968'	P.B.T.D. 2938'					
Elevations (DF, RKB, RT, GR, etc.) 7328' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2765'	Tubing Depth ---					
Perforations 2765'-2859'	Depth Casing Shoe 2948'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	236'	175 sacks					
6-3/4"	2-7/8"	2948'	300 sacks					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL must be after recovery of total volume of load oil and must be equal to or exceed top allowable this depth or be for full 24 hours

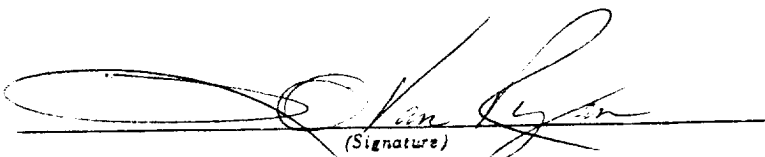
Date First New Oil Run To Tanks	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Casing Pressure
Actual Prod. During Test	Water-Bbls.
	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 917	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) 697	Choke Size 3/4"

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.


(Signature)
District Production Manager
(Title)
November 18, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Original Signed by FRANK T. CHAVEZ**
SUPERVISOR DISTRICT #3
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.