| | The second secon | 1 | | |
|--|--|--|---|--|
| | SANTA FE | | CONTENIVA DONE COMMERCION | Form C-194 |
| | | MEQUEST | TEOM ALIZOMARUE - AND A | Supercedee Old C-104 and C-1 |
| | U.S.G.5. | AUTHORIZATION TO TP. | AMSPORT OIL AND NATURAL (| GAS |
| | LAND OFFICE | _ | | |
| | TRAL PORTER GAS | - | | |
| | OPERATOR | | | |
| ١. | PROPATION OFFICE | | | |
| | Operator | | | |
| | Southland Royalty Company | | | |
| | P.O. Drawer 570, Farmington, New Mexico 87499-0570 | | | |
| | Reason(s) for filing (Check proper box | 1 | Other (Please explain) | |
| | New Well X | Change in Transporter of: | | |
| | Recompletion Change in Ownership | Cil Dry G | F | |
| | | const | | |
| | If change of ownership give name and address of previous owner | | | |
| | | | | |
| II. | DESCRIPTION OF WELL AND | Well No. Pool Name, Including F | formation Kind of Leas | e Lease ::c. |
| | Johnson | 1 Blanco Mesa Ve | erde State, Federa | |
| | Location | | | , |
| | Unit Letter I ; 159 | O Feet From The South Lin | ne and 1000 Feet From | The <u>East</u> |
| | Line of Section 7 Tox | waship $25N$ Range | 3W , NMPM, Rio Arr | ai ha |
| | Line of Section 7 | whamp 2014 Mande | 3W , NMPM, Rio Arr | TDA County |
| II. | | TER OF OIL AND NATURAL GA | | |
| | Name of Authorized Transporter of Oil | or Condensate 📉 | Address (Give address to which appro | |
| | Plateau, Inc. | singhead Gas Or Dry Gas X | Address (Give address to which appro- | . Albuquerque, NM 87110 ved copy of this form is to be sent) |
| | El Paso Natural Gas Co | | P.O. Box 990, Farmingto | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? Who | |
| | give location of tanks. | | No ! | |
| | | th that from any other lease or pool, | give commingling order number: | |
| ٧. | COMPLETION DATA | Oil Well Gas Well | New Weil Workover Deepen | Plug Back Same Resty. Diff. Resty. |
| | Designate Type of Completic | on - (X) | X | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | 11-01-80 Elevations (DF, RKB, RT, GR, etc., | 12-23-80 Name of Producing Formation | 8200 1 Top Oil/Gas Pay | 8148 Tubing Depth |
| | 7127' GR | Mesa Verde | 5856' | 5883' |
| i | Perforations | | | Depth Casing Shoe |
| | 5856'-5886' | | | 8191' |
| | HOLE SIZE | TUBING, CASING, AND CASING & TUBING SIZE | D CEMENTING RECORD DEPTH SET | SACKS CEMENT |
| | 12-1/4" | 9-5/8" | 253' | 110 sacks |
| | 7-7/8" | 5-1/2" | 8191' | 690 sacks (3 stages) |
| | | 1-1/2" | 5883' | Packer set at 5981' |
| į | | | İ | <u>i</u> |
| ٠. | TEST DATA AND REQUEST FOOL, WELL | | fter recovery of total volume of load oil : pth or be for full 24 hours) | and must be equal to or exceed top allow- |
| i | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lif | (i, etc.) |
| | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| ļ | Actual Prod. During Test | Oil-Bbls. | Water-Bbis. | Gae-MCF |
| | | | | |
| | | | | |
| ſ | Actual Prod. Tost-MCF/D | Length of Test | Bble, Condensute/MMCF | Gravity of Condensate |
| ļ | 544 | 3 hours | Book Condensato, Nasci | |
| Ì | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Chake Size |
| l | Back Pressure | · 1265 | 1265 | 3/4" |
| I. CERTIFICATE OF COMPLIANCE | | OIL CONSERVA | TION COMMESTING | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | | APPROVED | ND) 25 1981 |
| | | | | CHANGE OF THE PARTY OF THE PART |
| above is true and complete to the best of my knowledge and belief. | | By Original Signed by FRANK T. CHAVEZ | | |
| | | | TITLE SUPERVISOR D | |
| , - | Silin Keylan | | This form is to be filed in compliance with Rule M104 If this is a request for allowable for a newly diffiled o despend well, this form must be accompanied by a tabulation of the deviation | |
| , | | | | |
| District Production Manager (Title) | | | tests taken on the well in accordance with note: 11. All sections of this form must be filled out completely for allowable on new and recompleted wells. | |
| | | | | |
| - | (Dat | (*) | well name or number, or transport | en or other such change of condition. |

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