

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

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

Operator
Southland Royalty Company
Address
P.O. Drawer 570, Farmington, New Mexico 87493-0570

Person(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Medio Canyon</i>	Well No. <i>3</i>	Pool Name, including Formation <i>West Lindrith Gallup-Dakota</i>	Kind of Lease State, Federal or Fee <i>Federal</i>	Lease No. <i>Jic 416</i>
Location Unit Letter <i>A</i> ; <i>410</i> Feet From The <i>North</i> Line and <i>670</i> Feet From The <i>East</i> Line of Section <i>36</i> Township <i>24N</i> Range <i>4W</i> , NMPM. <i>Rio Arriba</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Plateau, Inc.</i>	Address (Give address to which approved copy of this form is to be sent) <i>4775 Ind. Sch. Rd., NE, Albuquerque, NM 87110</i>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <i>El Paso Natural Gas Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Bx 990, Farmington, New Mexico 87401</i>			
If well produces oil or fluids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				<i>No</i>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <i>10-08-81</i>	Date Compl. Ready to Prod. <i>11-18-81</i>		Total Depth <i>7750'</i>		P.B.T.D. <i>7707'</i>			
Elevations (DF, RAB, RT, GR, etc.) <i>7228' GR</i>	Name of Producing Formation <i>Gallup-Dakota</i>		Top Oil/Gas Pay <i>6357'</i>		Tubing Depth <i>7436'</i>			
Perforations <i>6357'-7459'</i>					Depth Casing Shoe <i>7755'</i>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>12-1/4"</i>	<i>8-5/8"</i>	<i>240'</i>	<i>220 sacks</i>
<i>7-7/8"</i>	<i>4-1/2"</i>	<i>7755'</i>	<i>925 sacks (2 stages)</i>
	<i>2-3/8"</i>	<i>7436'</i>	

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 Tanks	Date of Test <i>12-29-81</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Flow</i>	
Length of Test <i>3 hours</i>	Tubing Pressure <i>643#</i>	Casing Pressure <i>----</i>	Choke Size <i>3/4"</i>
Actual Prod. During Test <i>GOR 12216/1</i>	Oil-Bbls. <i>8.35</i>	Water-Bbls. <i>3</i>	Gas-MCF <i>102</i>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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)
January 13, 1982
(Date)

OIL CONSERVATION COMMISSION

1-1-82
APPROVED *1582*
Original Signed by *FRANK T. CHAVEZ*
BY _____
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.