

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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-110  
Effective 1-1-65

API 30-039-22072

I. Operator  
Southland Royalty Company  
Address  
P. O. Drawer 570, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla 101</u>	Well No. <u>8</u>	Pool Name, Including Formation <u>Manito Pictured Cliffs</u>	Kind of Lease <u>State, Federal, or Other</u>	Lease No. <u>Jic. Contract 101</u>
Location Unit Letter <u>N</u> : <u>1070</u> Feet From The <u>south</u> Line and <u>1840</u> Feet From The <u>west</u> Line of Section <u>12</u> Township <u>26N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> 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"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4775 Ind. Sch. Rd. N.E., Albuquerque, NM 87110</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1899, Bloomfield, New Mexico 87413</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
					<u>No</u>	

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 Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded <u>7-12-79</u>	Date Compl. Ready to Prod. <u>9-24-79</u>		Total Depth <u>6215'</u>		P.B.T.D. <u>6120'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>7072' GR</u>	Name of Producing Formation <u>Pictured Cliffs</u>		Top Oil/Gas Pay <u>3796'</u>		Tubing Depth <u>3839'</u>			
Perforations <u>3796' - 3841' (PC)</u>					Depth Casing Shoe <u>6215'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>9-5/8"</u>		<u>231'</u>		<u>400 SXS</u>			
<u>8-3/4"</u>	<u>7"</u>		<u>4092'</u>		<u>160 SXS</u>			
<u>6-1/4"</u>	<u>4-1/2"</u>		<u>3934'-6215'</u>		<u>275 SXS</u>			
	<u>1-1/2"</u>		<u>3839'</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be allowed to exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>OCT 4 1979</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF <u>OIL CON. COM. DIST. 3</u>

GAS WELL

Actual Prod. Test-MCF/D <u>1527</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shut-in) <u>970</u>	Casing Pressure (shut-in) <u>1010</u>	Choke Size <u>3/4"</u>

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)  
October 2, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 4 1979  
Original Signed by A. R. Kendrick 19  
BY

TITLE SUPERVISOR DISTRICT # 3

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.