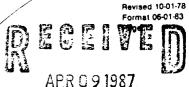
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR			
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OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



Form C-104

REQUEST FOR ALLOWABLE AND

OIL COM. DIV.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Southland Royalty Company NM 87499 P. O. Box 4289, Farmington, Other (Please explain) Reeson(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas OII Recognistion Condensate Castnahead Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. | Popl Name, including Formation Pictured Cliff State, Federahor Fee Jic. Cont. #447 Jicarilla 447 Location West Feet From The South Line and 1150 Feet From The Unit Letter_ Arriba County Rio 3 W , NMPM, Range 27N Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Cil P. O. Box 4829. Farmington. NM 87499
Address (Give address to which approved copy of this form is to be sent) Meridian Oil Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas V Box 8900 Salt Lake 0. Northwest Pipeline Corporation Is gas actually connected? Rge. Unit If well produces oil or liquids, No give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary.

TITLE .

VI. 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 is true and complete to the best of my knowledge and belief.

been complied with and that the information my knowledge and belief.	n given is true and complete to the person
(Signal	we)
Drilli	ng Clerk
Tul	•)
4 - 1 -	87

(Date)

OIL CONSERVATION DIVISION

APPROVED APPROVED
Original Statute by File of a charled
Supervision and are 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.

3/4"

Choke Size

Designate Type of Complete	ion – (X)	il Gas Well X	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res'
Date Spudded	Date Compl. Ready		Total Depti	h	<u> </u>	P.B.T.D.	<u> </u>	<u></u>
5 - 29 - 85	9-27-	85	6	5231			0.0.1	
Elevations (DF, RKB, RT, GR, etc.)			Top OII/Go	s Pay		Tubing Dep	80'	
7211'GL	Choza Mesa	Pic. Cli	ffs 4	0221			14'	
Perforations 4022 4029 4046	4054					Depth Castr		
4022, 4038, 4046,	4051, 4058,	4070, 409	2, 4097	w/8 hc	oles	65	221	
	TUBIN	IG, CASING, AND	CEMENTI	NG RECORE)			
HOLE SIZE	CASING & TU	JBING SIZE		DEPTH SE	T	SA	CKS CEMEN	√ T
12 1/4"	9	5/8"		221	1		148 cu	£+
8 3/4"	7"		<u> </u>	4347	7 1		388 cu	
6 1/4" 6 1/4"		1/2"	4.2	10-6522	!! Line:	4	368 cu	
	1	1/2"	i	4014	1		_	
7. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE	Pest must be as able for this de	ter recovery (of total volum full 24 hours	of load oil	ind must be eq	uni to or exc	ed top ella
Date First New Oil Run To Tanks	Date of Test				pump, gas lif	, etc.)		
Length of Teet	Tubing Pressure		Casing Pres	18/ 1 10		Choke Size		
Actual Prod. During Teet	Oil-Bbls.		Water - Bbis.	-		Gas-MCF		· · · · · · · · · · · · · · · · · · ·
AS WELL								
Actual Prod. Tool-MCF/D	Length of Test		Bbis. Conde	negte/MMCF	···	Grevity of C	2242224	-

Casing Pressure (Shwt-in)

SI 485

1685

Teeting Method (pitot, back pr.)

Back Pressure

7 Days
Tubing Pressure (Shut-in)

<u>SI</u> 135

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE			
TRANSPORTER	OIL		
	BAS		
OPERATOR			
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OIL CONSERVATION DIVISION.
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

EGEIN

Form C-104 Revised 10-01-78 Format 06-01-83

APR 0 9 1987

REQUEST FOR ALLOWABLE AND

OIL CON. DIV.

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

AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GASDIST 3
Operator	
Southland Royalty Company	
Address	
P. O. Box 4289, Farmington, NM 87499	
Reason(s) for liling (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	wy Gos
	andenagre
If change of ownership give name	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, including F	
Jicarilla 447 1 Blanco Mesa	Verde State Federal of Fee Jic Cont #447
Location	
Unit Letter N : 940 Feet From The South Lin	e and 1150 Feet From The West
Line of Section 19 Township 27N Range	3W NMPM. Rio Arriba County
Line of Section 19 Township 2/N Range	3W NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	LGAS
Name of Authorized Transporter of Oil or Condensate	Aggress (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4829, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas	P. O. Box 4829, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P. O. Box 8900, Salt Lake City, UT 8411(
If well produces oil or liquids, Unit , Sec. Twp. Rge.	is gas actually connected? When
give location of lanks. N 19 27N 3W	No
If this production is commingled with that from any other lease or pool,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
NOIL. Complete Paris IV and V on reverse side if necessary.	11
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I have be a second and a second secon	APPROVED
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	Original Signal by FRALIK T. CHAVEZ
my knowledge and belief.	9 Y
	SUPERVISOR EISTRICT # 3
No land by	This form is to be filed in compliance with RULE 1104.
(Signature)	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
Drilling Clerk	tests taken on the well in accordance with AULE 111.
(Tule)	All sections of this form must be filled out completely for allow-
4 - 1 - 87	able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner.
(Date)	well name or number, or transporter, or other such change of condition.

Designate lune of Lombiel	ion = (X)		
Designate Type of Complete		Total Depth	P.B.T.D.
Dete Spudded	Date Compl. Ready to Prod.		
5-29-85	9 - 27 - 85	65231	6480'
Lievetions (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top OII/Gas Pay	Tubing Depth
7211'GL	Blanco Mesa Verde	5727!	6149'
Perferetions			Depth Casing Shoe
(CH) 5727, 5728,	5791, 5794, 5797, 5	5799, 5809, 5811, 582	2 6522'
*Continued Perf's	below TUBING, CASING,	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	221	148 cu ft
8 3/4"	7''	4347'	388 cu ft
6 1/4"	4 1/2"	4210-6522' Line	368 cu ft
6 1/4"	2 3/8"	6149'	
	FOR ALLOWABLE (Test must b	e after recovery of total volume of load of	il and must be equal to or exceed top allo
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must b	7817	
TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be able for this	e after recovery of total volume of load of depth or be for full 24 hours)	
TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test	FOR ALLOWABLE (Test must be able for this	e after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Pred, During Test ACTUAL Pred, During Test	FOR ALLOWABLE (Test must be able for this person of Test) Tubing Pressure Oil-Bbis.	e after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure	Choke Size
TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Pred, During Test ACTUAL Pred, During Test ACTUAL Pred, Test-MCF/D	FOR ALLOWABLE (Test must be able for this able for this Date of Test Tubing Pressure Oil-Bbls.	e after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure Water-Bbis.	Choke Size Gas-MCF
TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Longth of Test Actual Prod. During Test FAS WELL Actual Prod. Test-MCF/D 3299	FOR ALLOWABLE (Test must be able for this better of Test Tubing Pressure Oil-Bbls. Length of Test 7 Days	e after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure Water-Bbis. Bbis. Condensate/MMCF	Choke Size Gas-MCF Grevity of Condensate
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Longth of Test Actual Pred, During Test GAS WELL Actual Pred, Test-MCF/D	FOR ALLOWABLE (Test must be able for this able for this Date of Test Tubing Pressure Oil-Bbls.	e after recovery of total volume of load of depth or be for full 24 hours) Producing Method (Flow, pump, gas Casing Pressure Water-Bbis.	Choke Size Gae - MCF

*Continued Perf's:

IV. COMPLETION DATA

5825 w/10 holes. (Pt. Lookout) 6151, 6156, 6161, 6166, 6187, 6192, 6197, 6204, 6209, 6215, 6255, 6263, 6270, 6284, 6292, 6301 w/16 holes.