	COSTERDATEON SANTA LE PILE U.S.G.S. LAND OFFICE	REQUEST	HEMMEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Firm C -104 Supersedes Old C-10; and C-1 Effective 1-1-65	
ı.	OPERATOR PRORATION OFFICE				API 30-045-2	3409	
	J. Gregory Merrion & Robert L. Bayless Addiess						
	P.O. Box 1541, Farmington, NM 87401  Reason(s) for Illing (Check proper box)  New Well X Change in Transporter of:						
	Recompletion OII Dry Gas Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner						
H.	DESCRIPTION OF WELL AND Lease Name Southland	LEASE   Well No.   Pool Name, Including F		Kind of Lease State, Federal		Lease No. M-12235	
	Unit Letter K : 1840 Feet From The South Line and 1849 Feet From The West						
	Line of Section 3 To	waship 26N Range	13W , NMPM	, Sar	ı Juan	County	
H.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		o which approv	ed copy of this form is to b	e sent)	
	Name of Authorized Transporter of Co El Paso Matural Gas	Address (Give address to which approved copy of this form is to be sent)  P.O. Box 990, Farmington, NM 87401					
	If well produces oil or liquids, qive location of tanks.  Unit Sec. Twp. Rge. Is gas actually connected? When Waiting for Pineline Connected?						
V.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Cli Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Restv.   Diff. Restv.    Designate Type of Completion - (X)						
	Date Spudded	Date Compl. Ready to Prod.	X !   Total Depth	1	P.B.T.D.	1	
	05/24/79	06/28/79 Name of Producing Formation	1400 ft.		1351 ft.		
	Elevations (DF, RKB, RT, GR, etc.,				Tubing Depth	•	
	6180 ft. GR	Fruitland/Pic. Cliffs			1340 ft. Depth Casing Shoe		
	1325-29; 1254-58 ft.				1389 ft.		
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
	11" 4-3/4"	2-7/8"	1389'		40 sacks 150 sacks		
	7 374	1-1/4"	1340'				
7.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow oll. WEIL						
i	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lift,	, etc.)		
	Length of Test	Tubing Pressure	Cosing Pressure		Choke Size		
	Actual Prod. During Test	O11-Bbls.	Water - Bble.		Gas-MOP		
,	GAS WELL OCT						
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	•	Gravity of Condensate		
-	180 MCF/day Testing Method (pilot, back pr.)	3 hrs. Tubing Pressue (Shut-in)	Casing Pressure (Shut-	101	Choke Size	/	
	Back Pressure	Tubing Pressure (Shut-in) 232 PSIG	232 PSIG	,	1/2"		
	CERTIFICATE OF COMPLIANO	CE .			FION COMMISSION		
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		APPROVED Original Signal by Supervisor district # 3				
	Commission have been complied washing above is true and complete to the						
		/ l	i i		TOTAL TOTAL		

TITLE \_

(Signature) Engineer

(Title)

October 8, 1979
(Date)

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 MULE 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.