NO. OF COPIES RECI	IVED			
DISTRIBUTIO	ON.			
SANTA FE				
FILE				
U.S.G.5.				
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL	OIL		
TRANSPORTER	GAS			
OPET OR				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

ı.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS IRANSPORTER OIL GAS OPER FOR PROPRITION OFFICE								
	Operator Southland Royalty Company								
	Address	rmington, New Mexico 87	499						
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Pleas	e explain)	1	1933			
	Recompletion	Cil Dry Ga	ıs 🗀			e Taile			
	Change in Ownership	Casinghead Gas Conder	nsate						
	If change of ownership give name and address of previous owner				D	, i e			
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo		Kind of Lease	 				
	Lease Name West Fork	1 Gallegos Gal		State, Federa		NM-33015			
	Location Unit Letter C : 940	Feet From The North Lin	• and 1560	Feet From 1	rh• West				
		wnship 26N Range	12W , NMPN	— 4 San	Juan	County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA							
••••	Name of Authorized Transporter of Oi		Address (Give address						
	Plateau, Inc. Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	4775 Indian Sc Address (Give address						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connect	red? Whe	Pn .				
IV.	If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give commingling orde	r number:	·				
	Designate Type of Completi	Λ	New Well Workover	Deepen	Plug Back Same F	Restv. Diff. Restv.			
	Date Spudded 4-01-83	Date Compl. Ready to Prod. 4-14-83	Total Depth 5365 '		P.B.T.D. 5333'				
	Elevations (DF, RKB, RT, GR, etc., 6173 GL	Name of Producing Formution Gallup	Top Oil/Gas Pay		Tubing Depth 5247				
	Perforations	dariup	3083		Depth Casing Shoe				
	5083'-5278'	TURING CASING AND	CEMENTING RECORD 5364'						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS C	EMENT			
	12-1/4"	8-5/8"	230'		177 cu.ft.	/2			
	7-1/8"	4-1/2" 2-3/8"	5364' 5247'		1775 cu.ft.	(3 Stages)			
V.	TEST DATA AND REQUEST FOIL WELL Date First New Cil Bun To Tanks	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volue the or be for full 24 hour Producing Method (Flor	s)		or exceed top allow-			
	5-25 to 5-26, 1983	5-25 to 5-26, 1983	<u> </u>	owing					
	Length of Teet 24 hours	Tubing Pressure	Casing Pressure	psig	Choke Size				
	ACXINX RIMEX XXXXXXX GOR 29500	Oil-Bbis. 2	Water-Bbis.		Gae-MCF 59				
	29500		1 20	*****	<u> </u>				
	GAS WELL -crual Prod. Test-MCF/D	Length of Teet	Bbls. Condensate/MMC	F	Gravity of Condense	zte .			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	t-in)	Choke Size				
\$ '{.	Commission have been compiled above is the and complete to the	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	TITLE This form is t If this is a rec well, this form must ests taken on the All sections o able on new and re	SUPERVISOR DISTRICT # &					
	(D	ate)	Separate Form	ns C-104 mus	t be filed for each	pool in multiply			

40. OF COPIES REC	EIVED	
DISTRIBUTE		
SANTA FE		
FILE		
U.S.G.5.		
LAND OFFICE		
TRANSPORTER	OIL	
INANSPORTER	GAS	
OPERATOR		

II.

II.

V.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

FILE						AND	.0,.522		1	Effective 1-1-	65
U.S.G.S.		 	AUTH	ORIZATIO	ON TO TRA	NSPORT	OIL AND N	ATURAL C	SAS		
TRANSPORTER OIL		+	1								
GA	5]								
PROPATION OFFICE		+	4								
Operator Operator			<u> </u>	, -	<u></u>	-				·	
Southland Royalt	у Со	mpar	ny					_	_		
Address D. O. Danison E70	. .		naton No	uu Mavda	07400						
P. O. Drawer 570 Reason(s) for filing (Chec				w mexico	o 87499		Other (Please	explain			
New Well				in Transporte	er of:			ive Augus	st 1, 1	.984	
Recompletion			CII	<u>XX</u>	Dry Ga	· 🔲		J			
Change in Ownership			Casingh	ead Gas	Conder	sate					
If change of ownership g											
and address of previous	owner		 								······································
DESCRIPTION OF WE	ELL A	AND		1 5 al Mara	, Including F			Kind of Lease			
West Fork			1		egos Gall			State, Federal		odora I	NM-33015
Location				darie	syos dar	i up				ederai	Juli-22012
Unit Letter C	;_	940	Feet Fr	om The No	orth Lin	• and	1560	_ Feet From 1	rhe W	lest	
	4	_	waship 26	. N	_	12W		- San d	מבעו		_
Line of Section	, T	Tow	wnship 20		Range	1211	, NMPM,	Jan	Juan		County
DESIGNATION OF TE				AND NAT	TURAL GA						
Name of Authorized Trans	-		_	Condensate [ive address to			•	to be sent)
Giant Refining Name of Authorized Trans				Or Dev	Gas [ox 9156,				
Name of Authorized Irans	porter	or Cas	miduada Gas [Gas	Address (6	tve address to	o water approv	ea copy of	inis jorm is	to de sent)
If well produces oil or liqu	uids.		Unit Sec	c. Twp.	P.ge.	Is gas acti	ally connecte	d? Whe	n		
give location of tanks.			1 1		<u> </u>	<u> </u>		<u> </u>			
If this production is com	mingle	ed wit	th that from a	ny other les	ase or pool,	give commi	ingling order	number:			
COMPLETION DATA				Oil Well	Gas Well	New Well	Workover	Deepen	Plug Bac	k Same Re	s'v. Diff. Res'v.
Designate Type of	Comp	oletio				<u> </u>	<u> </u>	<u> </u>	<u>.</u>	i	
Date Spudded			Date Compl.	Ready to Pro	xd.	Total Dept	h		P.B.T.D.	r	
Elevations (DF, RKB, RT,	GR. e	tc.,	Name of Prod	iucing Forma	tion	Top Oll/G	as Pay	-	Tubing D	epth	
						<u> </u>					
Perforations									Depth Co	sing Shoe	
		—		TUBING C	ASING AND	CEMENT	ING RECORE	<u> </u>	<u> </u>		
HOLE SIZE				G & TUBING			DEPTH SE			SACKS CEN	MENT
							<u>-</u>		<u> </u>		
			!	·		-			 		
TEST DATA AND RE	QUES	T F	OR ALLOWA	ABLE (Te	est must be a	iter recovery	of total volun	re of load oil o	and must be	equal to or	exceed top allow
OIL WELL				ab		pth or be for	full 24 hours)	l			
Date First New Oil Run To	Tank	3	Date of Test			Progressing	Method (Flow,	pump, gas iij	t, etc./		
Length of Test			Tubing Press	ur•		Casing Pre	esure		Choke Si	# FA	<u></u>
Actual Prod. During Test			Oil-Bbls.			Water-Bbl	••		Gas-MC		
	<u> </u>		<u> </u>			I			11 198	\	
GAS WELL							شه	" JUL			
Actual Prod. Test-MCF/I)		Length of Te	●t		Bbls. Cond	iensate/MMCF	Comment Col	And ila	d'Condensate	•
Testing Method (pitot, bac	k pr.)		Tubing Prese	we (Shut-i	<u>, a)</u>	Casing Pre	esure (Shut-	(a) L	Choice Si	.10	
CERTIFICATE OF CO	OMPL	JANC	Œ				OIL C	ONSERVA	TION C	OMMISSIO	N 1 4004
					_	APPRO	VED	\sim		JUL	1984
hereby certify that the Commission have been	compli	ied w	ith and that	the informs	ation given	3	Trank		/		
above is true and comp	iete t	o the	best of my	knowledge (and belief.	BY		- Navey	X	SUPE	RVISOR DISTRICT
				•		TITLE.			<u> </u>		
	A.	46	JI.	•			s form is to				
	<u>u</u>	lu	1/0/L	yen		well th	s form must	be accompan	aied by a	tabulation of	led or deepened of the deviation
	1	i syena	est to 100			tests ta	ken on the w	reil in accor	dance wit	h RULE 11	1.
		(The	le)			All able on	sections of the new and rec	this form must completed we	st be fille ile.	d out compl	etely for allow-
			1-10-84	<i>-</i>		5:11	out only &		III and	VI for cha	nges of owner,
		(Dat	te)			well nan	ne or number,	or transport	er, or othe	, secu cusu	ge of condition.

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