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 Approved District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

DISTRICT II
 P.O. Drawer DD, Azusa, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Santos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Southaland Royalty
 Well API No. 30-145-23129

Address: PO Box 4289, Farmington, NM 87499

Reason(s) for Filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate

Other (Please explain):

If change of operator give name and address of previous operator:

RECEIVED
 FEB 11 1994
 OIL CON. DIV.
 DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jernigan	Well No. 3A	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee	Lease No. I-149-IND-84
Location Unit Letter <u>I</u> : <u>1500</u> Feet From The <u>South</u> Line and <u>975</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>27</u> Range <u>9</u> , <u>NMPM</u> , San Juan 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"/> Meridian Oil Inc. <u>2385010</u>	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas <u>2385030</u>	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit: <u>I</u> Sec: <u>24</u> Twp: <u>27</u> Rge: <u>9</u> Is gas actually connected? <u>--</u> When?

If this production is commingled with that from any other lease or pool, give commingling order number: DHC 922

IV. COMPLETION DATA

Designate Type of Completion - (X) <u>Oil Well</u> <input type="checkbox"/> <u>Gas Well</u> <input checked="" type="checkbox"/> <u>New Well</u> <input checked="" type="checkbox"/> <u>Workover</u> <input type="checkbox"/> <u>Deepen</u> <input type="checkbox"/> <u>Plug Back</u> <input type="checkbox"/> <u>Stim Res v</u> <input type="checkbox"/> <u>Diff Res v</u> <input checked="" type="checkbox"/>	Date Spudded 08-27-78	Date Compl. Ready to Prod. 10-08-93	Total Depth 4693'	P.B.T.D.
Elevances (DF, RKB, RT, GR, etc.) 6028'	Name of Producing Formation Chacra	Top Oil/Gas Pay 2993'	Tubing Depth 4287'	Depth Casing Shoe
Perforations 2993-2999'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	232'	120 sx
8 3/4"	7"	2256'	165 sx
6 1/4"	4 1/2"	2089-4683'	320 sx
	2 3/8"	4287'	

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 612 Chacra; 170 MV	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (press. back pr.) backpressure	Tubing Pressure (Shut-in) 183	Casing Pressure (Shut-in) 298	Choke Size 3/4"

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

Signature: Peggy Bradford
 Title: Regulatory Rep.
 Printed Name: Peggy Bradford
 Date: 1-28-94
 Telephone No.: 326-9700

OIL CONSERVATION DIVISION

Date Approved: MAR 23 1994
 By: [Signature]
 Title: SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.