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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 30-045-23411

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 Frontier "C"	Well No. 2-R	Pool Name, Including Formation Basin Dakota	Kind of Lease XXXX Federal XXXX SF-080382A	Lease No.
Location Unit Letter <u>P</u> ; <u>600</u> Feet From The <u>south</u> Line and <u>900</u> Feet From The <u>east</u> Line of Section <u>5</u> Township <u>27N</u> Range <u>11W</u> , NMPM, <u>San Juan</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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) 4775 Ind. Sch. Rd. N.E., Albuquerque, NM 87110					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No	When

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	Spme Res'v.	Diff. Res'v.	
		X	X						
Date Spudded 9-08-79	Date Compl. Ready to Prod. 11-05-79	Total Depth 6650'		P.B.T.D. 6621'					
Elevations (DF, RKB, RT, GR, etc.) 6127' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6520'		Tubing Depth 6590'					
Perforations 6520' - 6600'					Depth Casing Shoe 6653'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	8-5/8"	233'		275					
7-7/8"	4-1/2"	6653'		Stge 1: 220 sxs / Stge 2: 270					
		6590'		Stge 3: 325 sxs					
	2-3/8"								

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 Tanks	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 1150 MCF/d	Length of Test	Bbls. Condensate/MMCF	Gravimetric Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 724#	Casing Pressure (Shut-in) 1245#	Choke Size 1 1/2"

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)

November 16, 1979

(Date)

OIL CONSERVATION COMMISSION

DEC 21 1979

APPROVED _____, 19

BY Original Signed by A. R. Kendrick
SUPERVISOR DISTRICT #3

TITLE _____

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.