100 OF 101 OF 121 OF								
SANTA FE		NEW MEXICO OIL			NON	Porm C-194		
FILE	<u> </u>	REQUES	TIFOR ALL AND	OWARLE		Supersedes (Ellective 1-1)ld C-101 and C-11(-65	
U.S.G.S.	TUA	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
LAND OFFICE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	07.0		
IRAN PORTER OIL								
GAS								
OPERATOR				•				
Operator	l							
Southland Royalty Co	ompany	•		•		•		
Address								
P.O. Drawer 570, Fai		Tew Mexico 8740				•		
Reason(s) for filing (Check proper			1'	Other (I'lease i	explain)			
	ew Well X Change in Transporter of:							
Change in Ownership		=	lensate 🔲					
 If change of ownership give nar and address of previous owner_ 	16			· · · · · · · · ·				
. NECONIDETAL APRELLA	NID FEACE							
I. DESCRIPTION OF WELL A!	Well N	lo. Pool Name, Including	Formation		Kind of Lea:	s e	Lease No.	
Hanks	14-E	Fulcher Kutz	Pictured	Cliffs	State, Feder	ol or Fee Federal	SF-077384	
Location								
Unit Letter 0 ;	800 Feet F	From The South 1	ine and 1	530	_Feet From	The <u>East</u>		
10	•	1711 -	1.017			Con Tuen	6	
Line of Section 12	Township Z	27N Range	10W	, NMPM,		San Juan	County	
I. DESIGNATION OF TRANSP	ORTER OF O	IL AND NATURAL O	GAS					
Name of Authorized Transporter o	(O1	Condensate	Add:ess (C	ive address to	which appro	oved copy of this form is	to be sent)	
	(6)	cr Dry Gas X	Address (ive address to	which appr	oved copy of this jurn is	to be sent!	
Name of Authorized Transporter of		CI DIT GUS LX	,					
Southern Union Gathe		Sec. Twp. P.ge.		ually connected		<u>eld, NM 87413</u> hen		
If well produces oil or liquids, give location of tanks.			NO		. 1			
If this production is commingled	d with that from	any other lease or poo	l, give commi	ingling order	number:			
V. COMPLETION DATA		Oil Well Gas Well	New Well	Workover	Deepen	Plug Back Same Re	es'v. Diff. Res'v.	
Designate Type of Compl	letion - (X)		1	i i i i i i i i i i i i i i i i i i i	l I	1 1	1	
Date Spudded		X I. Ready to Prod.	X Total Dept	<u>i</u> ih	1	P.B.T.D.		
11-20-80	1	÷-06-81		6690'		6646'		
Elevations (DF, RKB, RT, GR, et.		ne of Producing Formation		as Pay		Tubing Depth		
		ced Cliffs		2022'		2047'		
Perforations						Depth Casing Shoe 6690		
2022'-2052'		TUBING, CASING, A	ND CEVENT	INC BECORE	`	6090		
	CASI	NG & TUBING SIZE	ND CEMENT	DEPTH SE		SACKS CE	MENT	
12-1/4"	8-5/8"		222'		140 sacks			
7-7/8"		5-1/2"		6690'		775 sacks (3 stages)		
		1-1/2"		2047				
			<u> </u>			<u>. i</u>		
V. TEST DATA AND REQUEST	r for Allov	VABLE (Test must be able for this	after recovery depth or be for	r of total volum r full 24 hours)	e of load oi	land must be equal to or	exceed top allow-	
OII, WELL Date First New Oil Run To Tanks	Date of Te			Method (Flow,		ift, etc.)		
Length of Test	Tubing Pre	Tubing Pressure		Casing Pressure		Choke Size		
		011 8010		Water - Bbls.		Gas • MCF		
Actual Prod. During Test	Oil-Bble.	/ Milking of the	1					
		MAY 26 1981						
GAS WELL		§						
Actual Prod. Test-MCF/D	1	TOPLE CONTRACTOR	Bble. Con	densate/MMCF		Gravity of Condensa		
1082	į	3 h rs D131. 🗟			·	<u> </u>		

Back Pressure VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

253

Van Kyan
(Signature)
District Production Manager
(Title)

May 20, 1981 (Dute)

Choke Size Casing Pressure (Shut-in) 3/4" 253

OIL CONSERVATION COMMISSION

AUG 1 APPROVED_

Original Signed by FRANK T. CHAVEZ

TITLE .

SUPERVISOR DISTRICT # 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.