Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM \$2240

SURE OF NEW MEXICO Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

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

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

I.	REQUEST FOR A	LLOWA PORT O	ABLE AND AUTHO	RIZATION GAS	٧		
Southland Roy					II API No.		
Address					30-	-045-2/	347
PO Box 4289, I	Farmington, NM 8	7 49 9					
Reson(s) for Filing (Check proper lew Well			Other (Piease et	oplain)			
Recompletion X	Change in Transp						
Change in Operator			commingle	e w/Pio	c.Cliff	s	
change of operator give name	Camphead Gas Conde	amte [
ed address of previous operator							<u></u>
DESCRIPTION OF W	ELL AND LEASE						
Cain	Well No. Pool N	iame, includ	ing Formation	Kine	of Lease		Lease No.
Octobios	20 E	Basın	Fruitland Coa		, Federal or F	SF-□	080781
Unit Letter M	1150	ς	outh 1	170			
UEL LINET	Feet Fr	rom The 🗀	Line and	170 ——— !	Feet From The	West	Line
Section 15 To	waship 28 Range	10		San Jua			
			114411141				County
DESIGNATION OF TI	RANSPORTER OF OIL AN	D NATU	RAL GAS				
Meridian Oil I			Address (Give address to v	vhich approve	d copy of this	form is to be s	eni)
me of Authorized Transporter of	Casinghead Gas		IPO Box 4289.	Farmi	naton	NIM OF	
Sunterra Gas	Gathering or Dry	Ges 🔀	Address (Give address to war PO Box 1869,				
vell produces oil or liquids,	Unit Sec. Twp.	Pos	Is gas actually connected?		rieia,	NM 8	/413 —————
location of tanks	M 15 28	1 1()		When	1?		
is production is commingled with	that from any other lease or pool, give	e commingi	ing order number:		200	0.5.5	
COMPLETION DATA					DHC	_857	
Designate Type of Complete	ion - (X)	as Well	New Well Workover	Deepen	Plug Back	Same Res v	Diff Res v
s Spudded	Date Compl. Ready to Prod.	Х		i '			×
11-24-73	9-26-92	į	Total Depth 2180 1		P.B.T.D.	·• · · · · · · · · · · · · · · · · · ·	<u> </u>
Pations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		2081		
5932'GL	Fruitland Co	al	1899'		Tubing Dep	th	
orations					Depth Casin		
1899-1909', 19	057-59', 2024-36'				epoi Casil	ig saice	
HOLE SIZE	TUBING, CASIN	G AND	CEMENTING RECOR	D			
12 1/4"	CASING & TUBING SI	ZE	DEPTH SET			SACKS CEME	NT
7 7/8"	4 1/2"		129'		120 s	SX	
	2 3/8"		2180' 2057'		255 s	SX	
			2037				
TEST DATA AND REQU WELL Test must be off	EST FOR ALLOWABLE				·		
First New Oil Run To Tank	er recovery of total volume of load ou	and must b	e equal to or exceed top allo	wable for this	depth or be f	or full 24 hour	5 1
Table on Real To Table	Date of Test	11	Producing Method (Flow, pu	mp, gas lýt, el	(c.)		** & 26 E
th of Test	Tubing Pressure		Campa David	·			
	- Totalic		Casing Pressure		Choke Size	k L	
al Prod. During Test	Oil - Bbls.	11	Water - Bbis		Gas- MCF	- 13 W.S.	2 1993
					c.	N. 11 P.	1964 - 1878 - 1
S WELL							<u> </u>
al Prod. Test - MCF/D	Length of Test	TE	bis. Condensate/MMCF		Gravity of Co	<u> </u>	<u> </u>
800 mcf	3 hrs	:				- Andreas	
Method (puot, back pr.)	Tubing Pressure (Shut-m)	TC	asing Pressure (Shut-in)		Choke Size		
backpressure	225		230		3/4"		
OPERATUR CERTIF	CATE OF COMPLIANC	E	011 0000	0==:::			
ereby certify that the rules and revision have been complied with a	MI that the information .		OIL CON	SERVA		DIVISIO	N
The and complete to the best of II	y knowledge and belief.		_	1.1	N 2 5 19	002	
X. a. K.			Date Approved	1	~ 2 3 19	:33 	
	Spice (_	.	_1		
paure Peggy Bradfield	D 3.55		Ву	3.il)	Oh.		
red Name 1-8-93	reg.mitait	s		SUPERVIS	SOR DIST	FRICT #3	,
	326 - 9 70 0		Title			inioi #3	3
	Telephone No.						
		11					

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.