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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

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	FILE /	1	AND	Effective 1-1-65							
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS							
	LAND OFFICE										
	TRANSPORTER OIL /										
	GAS /			30-045-23751							
	OPERATOR /										
I.	PRORATION OFFICE										
	Operator										
	Southland Royalty Company										
	Address  P. O. Drawer 570, Farmington, NM 87401  Recson(s) for filing (Check proper box)  Other (Please explain)										
	New Well	Change in Transporter of:									
	Recompletion	Oil Dry Go									
	Change in Ownership	Casinghead Gas Conder	nsate								
	If change of ownership give name and address of previous owner										
II.	DESCRIPTION OF WELL AND	Well No.; Pool Name, Including F	ormation Kind of Lea	se Lease No.							
	Lease Name	1 .	1	ralor Fee Federal NM-03179							
	AZTEC	#8E Basin Dakot	La								
	Location										
	Unit Letter H : 1490 Feet From The North Line and 1190' Feet From The East										
			1377	n Juan County							
	Line of Section 14 To	wnship 28N Range	11W , NMPM, Sa	n Juan County							
HI.	DESIGNATION OF TRANSPOR	or Condensate X	Address (Give address to which appr	oved copy of this form is to be sent)							
	Name of Authorized Transporter of Oil	of Condensate M	P. O. Box 1702, Farmi								
	Permian	singhead Gas 🔽 or Dry Gas 🗔	Address (Give address to which appr	oved copy of this form is to be sent)							
	Name of Authorized Transporter of Car		!								
	Southern Union Gatheri		P. O. Box 1899, Bloom	hen 87413							
	If well produces oil or liquids,	Unit Sec. Twp. Pge.									
	give location of tanks.	<u>i                                     </u>	No								
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:								
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.							
	Designate Type of Completic	n = (X)	How wen								
			Total Depth	P.B.T.D.							
	Date Spudded	Date Compl. Ready to Prod.	6483	6440'							
	10-12-79	3–14–80	Top Oil/Gas Pay	Tubing Depth							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		6415'							
	5742' GR	Dakota	6250'	Depth Casing Shoe							
	Perforations	·		6481'							
DK: 6250' - 6416'  TUBING, CASING, AND CEMENTING RECORD				0401							
			DEPTH SET	SACKS CEMENT							
	HOLE SIZE	CASING & TUBING SIZE	242	175 sx							
	12 1/4"	8 5/8", 24#	6481'	1 270 sx Stage One							
	7 7/8"	4 1/2", 10.5#	0401	184 sx Stage Two							
	!	2 2 /0" 4 7"	6415'	310 sx Stage Three							
V. TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or each of this depth or be for full 24 hours)											
	Oll. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lifty took							
	Date First New Oil Run 10 Tunks										
	Length of Test	Tubing Pressure	Casing Pressure	A Charles							
	Lengin of lesi			MAR 2 7 1980							
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	MARIE							
	Actual Fied, Burning 1991										
				OIL DIST. 3							
	GAS WELL										
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate							
	816	3 Hours									
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
	Back Pressure	535	595								
<b>373</b>	CERTIFICATE OF COMPLIAN	CF	OIL CONSERV	ATION COMMISSION							
¥1.	CERTIFICATE OF COMPETAN	C <b>.</b>	II APR	1 4 1980							
	with the state of the state and	regulations of the Oil Conservation	APPROVED								
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		By Original Signed by FRANK	r. Chavez							
shove is true and complete to the best of my knowledge and belief.											
		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 taken on the well in accordance with RULE 111.									
(Signature)											
						District Product		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
						•	ile)	1			
		19-80	well name of number, of transportant of the								
	(Di	ate)	Separate Forms C-104 mu	est be filed for each pool in multiply							
			completed wells.								