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TRANSPORTER	OIL	/
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OPERATOR		
PRORATION OFFICE		

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

30-045-23914

I. Operator  
SOUTHLAND ROYALTY COMPANY  
Address  
P. O. Drawer 570, Farmington, NM 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 McClanahan Well No. #16E Pool Name, Including Formation Basin Dakota Kind of Lease State, Federal or Fee Federal Lease No. SF-079634  
Location  
Unit Letter E : 1520' Feet From The North Line and 960' Feet From The West  
Line of Section 24 Township 28N Range 10W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)  
Plateau, Inc. P. O. Box 108, Farmington, NM 87401  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
Southern Union Gathering P. O. Box 1899, Farmington, NM 87401  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When  
No

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 Same Res'v. Diff. Res'v.  
Date Spudded 12-18-79 Date Compl. Ready to Prod. 3-10-80 Total Depth 6488' P.B.T.D. 6480'  
Elevations (DF, RKB, RT, CR, etc.) 5756' GR Name of Producing Formation Basin Dakota Top Oil/Gas Pay 6246' Tubing Depth 6446'  
Perforations Dakota: 6246' - 6417' Depth Casing Shoe 6487'  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
12 1/4" 8 5/8", 24# 223' 140 Sacks  
7 7/8" 5 1/2", 15.5# 6487' 210 sx - Stage One  
2 3/8", 4.7# 6446' 225 sx - Stage Two  
180 sx - Stage Three

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-Bbls.  
APR 2 1980  
OIL CON. COM. DIST. 3

GAS WELL  
Actual Prod. Test-MCF/D 825 Length of Test 3 Hours Bbls. Condensate/MMCF 999 Choke Size 3/4"  
Testing Method (pilot, back pr.) Back Pressure Tubing Pressure (Shut-in) 853 Casing Pressure (Shut-in) 999 Choke Size 3/4"

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.  
District Production Manager  
(Signature)  
(Title)  
March 26, 1980  
(Date)  
OIL CONSERVATION COMMISSION  
APR 2 1980  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY 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.