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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
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

I.

Operator <u>Southland Royalty Company</u>	
Address <u>P. O. Drawer 570, Farmington, NM 87401</u>	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>McClanahan</u>	Well No./ Pool Name, Including Formation <u>19E Basin Dakota</u>	Kind of Lease <u>State, Federal, XXXX</u>	Lease No. <u>SF-080781</u>
Location			
Unit Letter <u>E</u>	<u>1795'</u> Feet From The <u>North</u> Line and <u>845'</u> Feet From The <u>West</u>		
Line of Section <u>14</u>	Township <u>28N</u>	Range <u>10W</u>	NMPL <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"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4775 Inc. Schl. Rd, Albuquerque, NM 87110</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Southern Union Gathering</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1899, Floomfield, NM 87413</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Is gas actually connected? <u>No</u> 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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'n. <input type="checkbox"/>	Diff. Res'n. <input type="checkbox"/>
Date Spudded <u>2-7-80</u>	Date Compl. Ready to Prod. <u>6-17-80</u>		Total Depth <u>6595'</u>		P.B.T.D. <u>6549'</u>			
Elevations (DF, RAB, RT, GR, etc.) <u>5784' GR</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>6312'</u>		Tubing Depth <u>6499'</u>			
Perforations <u>6312'-6500'</u>					Depth Casing Shoe <u>6595'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>10 1/4"</u>	<u>8 5/8", 24#</u>		<u>234'</u>		<u>140 sacks</u>			
<u>8 7/8"</u>	<u>5 1/2", 15.5#</u>		<u>6595'</u>		<u>625 sacks</u>			
	<u>1 1/2", 2.90#</u>		<u>6499'</u>		<u>---</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL FILL

(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 FILL			
Length of Test	Length of Test	Bbls. Condensate (MCF)	Gravity of Condensate
Flowing Pressure (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flowing Pressure	<u>970</u>	<u>---</u>	<u>1/2"</u>

VI. STATE OF COMPLIANCE

I, the undersigned, 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

June 26, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 15 1980, 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.