

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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MAY 27 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON DIV.
DIST. 3

I.

Operator	Southland Royalty Company		
Address	P. O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
☐ New Well	☐ Oil	☐ Dry Gas	
☐ Recompletion	☐ Casinghead Gas	☒ Condensate	
☐ Change in Ownership			

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease name	Hughes	Well No.	2	Pool Name, including Formation	Basin Dakota	Kind of Lease	State (Federal) or Fee	SF 075794	Lease
Location									
Unit Letter	C	1120	Feet From The	North	Line and	2300	Feet From The	West	
Line of Section	23	Township	28N	Range	11W	N.M.P.M.	San Juan		C

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Meridian Oil Inc.	or Condensate	☒	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1599, Aztec, NM 87410					
Name of Authorized Transporter of Casinghead Gas	Southern Union Gathering Co.	or Dry Gas	☒	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1899, Bloomfield, NM 87413					
If well produces oil or liquids, give location of tanks.	Unit	C	Sec.	23	Twp.	28N	Rge.	11W	Is gas actually connected?	when

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.



(Signature)
Drilling Clerk

(Title)
6-1-86

(Date)

OIL CONSERVATION DIVISION

APPROVED _____ MAY 27 1986

BY _____

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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for use on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Resrv.	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.D.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed 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 WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size