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DISTRIBUTIO				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE	L			
IRANSPORTER	OIL			
IRANSPORTER	GAS			
OPERATOR	1			
	1			

-	DISTRIBUTION SANTA FE			NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE						Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
ļ	FILE	I		AND							600110 1-1-03		
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS												
	LAND OFFICE												
	IRANSPORTER GAS / GAS /												
	OPERATOR												
1.	PRORATION OFFICE			<u> </u>									
	Operator												
	Southland Southland	Roy	alt	y Company									
	P. O. Drawer 570, Farmington, NM 87401 Reason(s) for filing (Check proper box) New Well Cleaned out to 5400'. Change in Transporter of: Princes First turned on after workover 2-2:												
											0'.		
											orkover 2-2-79.		
	Recompletion	ecompletion U OII U DIV Gas U											
	Change in Ownership Casinghead Gas Condensate												
	If change of ownership give name												
	and address of previous ow	ner_											
11	I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease CD 070407												
•••	Lease Name			Well No.					State, Federal	or Fee	SF-078487		
	Hill	Hill 1-A Blanco Mesa Y							State, 1 della				
	Location									et			
	Unit Letter F : 1710 Feet From The North Line and 1730 Feet From The West										<u> </u>		
	A Range OW , NMPM, Scill Guari										County		
Line of Section 4 Township 29N Range OV , Amana Julian Section 4													
	DESIGNATION OF TRA	NCP	OR'	TER OF OIL A	ND NATURA	L GAS	s				ili (am is to be seet)		
111.	Name of Authorized Transpo	rter o	of O11	or Con	densate 🔲		Address	(Give address i	o which approve	ed copy of t	this form is to be sent)		
	Plater	u							List approxi	ed conv of t	this form is to be sent)		
	Name of Asthorized Transpo	rter o	f Ca	singhead Gas X	or Dry Gas	J ;							
	El Paso Natural	Gas	: Co	mpany		!	P. O.	BOX 990 butually connected), Farming	ton, N	<u>M</u>		
	If well produces oil or liquid			Unit Sec.	Twp. Eg	je.	is das do			2-2-7	q		
	give location of tanks.			<u></u>			Yes			2-2-19			
	If this production is commi	ingle	d wi	th that from any	other lease or	pool, g	give com	mingling order	number:				
IV.	COMPLETION DATA			TOII	Well Gas W		New Wel		Deepen	Plug Back	Same Resty. Diff. Resty.		
	Designate Type of C	omp	leti	on $-(X)$	X	X į				l L			
	Date Spudded			Date Compl. Red	ady to Prod.		Total De	rth		P.B.T.D.			
	11-8-75			12-9-	78			5610'		Tubing De	5400'		
	Elevations (DF, RKB, RT, C	GR, e	tc.,	Name of Product	ing Formation		Top Cil	/Gas Pay			5378'		
	6416' GR Mesa Verde							4832'		Depth Cas			
Perforations 40001 40001									5610'				
	PL: 5118' - 5360', CH: 4832' - 4896' TUBING, CASING, AND CEMENTING RECORD												
		CASING A TURING SIZE						DEPTH SET			SACKS CEMENT		
	13 3/4"	11022 3:22					299'			300 sx			
	8 3/4"				7"			3414'		 	455 sx		
	6 1/4"				1/2"			3284'-56	10.	 	250 sx		
				1	1/2"		1	5378 '	-tland ail a	and must he	equal to or exceed top allow-		
V.	TEST DATA AND REQ	UES	ST F	OR ALLOWAB	LE (Test mus	st be af this det	ter recovi pth or be	ery of total volu for full 24 hours	me oj toda oti i i)				
	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Output Date of Test Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)												
Date First New On Rull 16 1 am													
	Length of Test	I was at Tags			Tubing Pressure			Casing Pressure		Choke Si	E•		
	Langin of 100									Gas-MCI			
	Actual Prod. During Test			Oil-Bbls.			Water - E	Bbls.			,		
											CANON SECULIAR SECULI		
	GAS WELL Length of Test							Bbls. Condensate/MMCF			Gravity of Condensate		
	Actual Prod. Test-MCF/D			Length of Test							C/2 000 /		
	Testing Method (pitot, back	k nr. /		Tubing Pressur	e(Shut-in)		Casing	Pressure (Shut	-in)	Choke Si	No. of the state o		
	Leguing Method (bush east												
VI. CERTIFICATE OF COMPLIANCE													
٧ı	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.						1		JUN 1	1 19	/9		
							l av						
	above is true and complete to the sect of							SUPERVISOR DISTRICT W ?					
								TITLE with RULE 1104.					
							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.						
•	(Signature) District Production Manager (Title)												
6-1-79						Fill out only Sections I. II. III, and VI for changes of condition.							
	(Date)						weil name or number, or transported by Separate Forms C-104 must be filed for each pool in multiply						
						-comp	Separate Forms C-104 must be some completed wells.						