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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Southland Royalty Co	Well API No. 30-039-23072
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Simms Federal	Well No. 3	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter E : 1540 Feet From The North Line and 1100 Feet From The West Line Section 11 Township 30N Range 4W, NMPM, Rio Arriba 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"/> Meridian Oil Inc. 2811612	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline 3337930	Address (Give address to which approved copy of this form is to be sent) 3539 E. 30th, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 11	Twp. 30	Rge. 4	Is gas actually connected?	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 - (A)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v
		X				X		X
Date Spudded 9-19-82	Date Compl. Ready to Prod. 10-5-90		Total Depth 4000'		P.B.T.D. 3640'			
Elevations (DF, RKB, RT, GR, etc.) 6853' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3602'		Tubing Depth 3619'			
Performations 3602-18', 3630-34' (2 spf)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		224'		324 cu.ft.			
7 7/8"	4 1/2"		3985'		371 cu.ft.			
	2 3/8"		3619'					

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) SI 0	Casing Pressure (Shut-in) SI 9	Choke Size

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DIST. 3

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
Peggy Bradfield
Printed Name
12-6-90
Reg. Affairs
Title
326-9700
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 12 1991

By
Title SUPERVISOR DISTRICT 13

to be filed in compliance with Rule 1104

y drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

be filled out for allowable on new and recompleted wells.

and VI for changes of operator, well name or number, transporter, or other such changes.

filed for each pool in multiply completed wells.