

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	3
PRORATION OFFICE	

Operator
Southland Royalty Company

Address
P. O. Drawer 570, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Name change

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

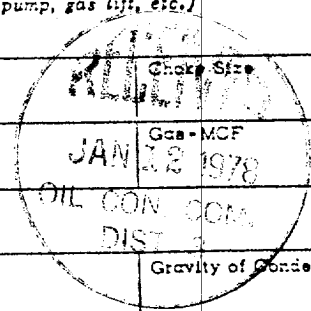
DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Hare</u>	Well No. <u>#16</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>H</u>	<u>1980</u> <u>1650</u>	Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>	Lease No. <u>SF-076958</u>
Line of Section <u>3</u>	Township <u>29 North</u>	Range <u>10 West</u> , NMPM,	San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>Plateau, Inc.</u>	<u>P. O. Box 108, Farmington, New Mexico 87401</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>Southern Union Gathering</u>	<u>Fidelity Union Tower, Dallas, Texas 75201</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
			Is gas actually connected? When

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

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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.
[Signature]

 (Title)
1-1-78

 (Date)

OIL CONSERVATION COMMISSION
 APPROVED JAN 12 1978, 19____
 BY Original Signed by A. R. Kendrick
 TITLE SUPERVISOR DIST. 45
 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.