DISTRIBUTION NEW MEXICO OIL CONSCRVATION COM SAH) A,FG REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11" Litertive 1-1-65 FILC AND u.s.c.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRAM PORTER OPERATOR PRORATION OFFICE n_{ℓ} Southland Royalty Company P. O. Drawer 570, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) New Well POOL CHANGE CII Dry Gas Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ____ 11. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Legge No. State, Federal or Fee Federal Cozzens "C" Bloomfield Chacra SF-077056 #1E Location 1110 West 1520 Feet From The <u>North</u> Line and _ Feet From The E Unit Letter , NMPM County Township 29 North Range 11 West San 20 Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 4775 Ind. Sch. Rd., NE, Albuquerque, N.M. 87110 Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X Box 1899, Bloomfield, N.M. 87413 Southern Union Gathering 0 Is gas actually connected? P.ge. If well produces all or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Workover Same Res'v. Diff. Res'v. Deepen Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Compi. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforctions TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Length of Test Tubing Preseure Gas - MCF Water - Bbls. Actual Pred. During Test Oil-Bble. GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Tool-MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-is) Testing Methed (putot, back pr.) OIL CONSERVATION COMMISSION L CERTIFICATE OF COMPLIANCE APPROVED. Original Signed by CHARLES GAOLSON 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. BY

(Date)

(Signature) Production Manager District

February 9, 1982

(Title)

DEPUTY GIL & GAS INSPECTOR, DIST. #3 TITLE .

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 allow-

able 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 mpleted wells.