NO. OF COPIDS REC		
DISTRIBUTIO	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
FRANSPORTER	OIL	
, ORIER	GAS	
OPERATOR		
PROPATION OFFICE		

	SANTA FE	7	FOR ALLOWABLE	SSION	Form C-104 Supersedes Old C-104 and C-11		
	FILE	4	AND		Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND N	ATURAL GAS			
	[RANSPORTER GAS						
	OPERATOR	4					
1.	PRORATION OFFICE	1					
4.	Operator						
	Southland Royalty Company Address D. Drawer 570, Farmington, New Mexico 87499						
	Reason(s) for filing (Check proper box		Other (Please	explain)			
	Recompletion	Change in Transporter of: Cil Dry Ga	. 🗇				
	Change in Ownership		sate XX - Effective	e August 1.	. 1984		
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND	LEASE					
	Reid PRI	Well No. Pool Name, Including Fo	`. !	Cind of Lease	Lease No.		
	Location	1E Basin Dakota	<u> </u>	State, Federal or I	Fee Federal SF-07558		
		Feet From The North Lin	and 1030	Feet From The	West		
	Line of Section 13 Tov	waship 29N Range	12W , NMPM,	San Juan	County		
m.		TER OF OIL AND NATURAL GA					
	Name of Authorized Transporter of Oil		ł.		opy of this form is to be sent)		
	Giant Refining Comp		P.O. Box 9156,	Phoenix, A	opy of this form is to be sent)		
	Southern Union Gath		·				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	P. O. Box 1899. Is gas actually connected		d. New Mexico 87413		
	give location of tanks.			į			
		th that from any other lease or pool,	give commingling order r	umber:			
IV.	COMPLETION DATA	Oli Well Gas Well	New Well Workover	Deepen Plu	ug Back Same Resty, Diff, Resty,		
	Designate Type of Completion		i i	Despen Pi	ad back Sume Nes-V. Ditt. Nes-V.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	Р.	B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tu	bing Depth		
	Perforations	<u> </u>	<u> </u>	De	pth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	•	SACKS CEMENT		
		<u> </u>					
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	ter recovery of total volume	of load oil and n	nust be equal to or exceed top allow-		
	OIL WELL	able for this de	oth or be for full 24 hours)				
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc	·.)		
	Length of Test	Tubing Pressure	Casing Pressure	PA LC	ke kara f		
			lD'	EUE			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbie.	Ga	-MCF		
Ì			<u>u</u>	<u> </u>	1984		
	GAS WELL			-" -	J. DIV.		
[Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	111 1 1	rvitagof Condensate		
				Disi	, <u> </u>		
,	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	m) Ch	oke Size		
٧٤.	CERTIFICATE OF COMPLIANC	Œ	OIL CO	NSERVATIO	N COMMISSION 1		
		,			JUL <u>I</u> 1 1984		
	I hereby certify that the rules and re Commission have been complied w		APPROVED	781	, 19		
	above is true and complete to the		BY STA	Charles !			
			TITLE	- γ	SUPERVISOR DISTRICT 3		
	. A	1.		- en			
	Ψ', #, , ,	House ouis.	If this is a reque	at for allowable	liance with RULE 1104.		
(Signature)		ture) ()	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-				
	Secretary						
•	7-14	91	able on new and reco	mpleted wells.			
	7-10-84 (Date)		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.				
	(Dat				filed for each pool in multiply		
		completed weits.					