DISTRIBUTION	TEWANTY ISO ON	CONSTRUCTION CONTROL	
SANTAFE	1 ()	CONSERVATION COMMISSION - FFOR ALLOWABLE	Form C+104 Supersedes Old C-104 and G-1
FILE	17	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	L GAS
LAND OFFICE			
TRAH PORTER OIL	4+-4		30-045-23747
OPERATOR GAS			30 043 - 2374 7
PROBATION OFFICE	- 	•	
Operator		•	
Southland Royalty	Company		
Address			
P. O. Drawer 5/0, Reason(s) for filing (Check prop	Farmington, NM 87401	Other (Please explain)	
New Well X	Change in Transporter of:		
Recompletion	Cil Dry G	25	
Change in Ownership	Casinghead Gas Conde	ensate	
If change of ownership give no			
1. DESCRIPTION OF WELL			
Lease Name	Well No. Pool Name, Including F		"
Hare	#19E Blanco Mesa	Verde ext XXX Foo	derak XXXXX Federal SF-076958
Location			
Unit Letter C;	1050 Feet From The North Li	ne and 1650' Feet Fr	om The West
Line of Section 23	Township 29N, Range]	LOW , NMPM, San	Juan County
I. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL GA	15	
Name of Authorized Transporter	of Oil or Condensate X		proved copy of this form is to be sent)
Plateau, Inc. Name of Authorized Transporter	of Casinghead Gas or Dry Gas X	4775 Ind. Sch. Rd. NE	E, Albuquerque, NM 87110 proved copy of this form is to be sent)
_ <u>_</u>		P. O. Box 1899, Bloom	
Southern Union Gatl	Unit Sec. Twp. Ege.	<u> </u>	When
If well produces oil or limids, give location of tanks.		No	
If this production is commingle	ed with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA		New Weil Workover Deepen	Plug Back Same Resty, Diff. Resty.
Designate Type of Comp		New Wet. Workover Deepen	Ping Buch State Nes V. Dim Nes V.
Date Spudged	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-2-79	4-10-80	6703 '	6621'
Elevations (DF, RKB, RT, GR, e		Top Oil/Gas Pay	Tubing Depth
5746' GR	Blanco Mesa Verde	4394'	4512' Depth Casing Shoe
Blanco Mesa Verde:	4394'-4517'		6703'
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8", 36#	229'	200 sacks
8 3/4"	5 1/2", 15.5#	6703'	865 sacks
	1 1/2", 2.76#	4512'	
COM DATA AND DEOUGE	T FOR ALLOWABLE (Test must be a	for recovery of total volume of load a	oil and must be squal to or exceed top allow-
'I. WELL	able for this de	pin or be for full 24 hours)	
te First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas	: lift, etc.)
		Casing Piesswe	Choke Size
gth of Test	Tubing Pressure	Cusing Pibes me	
il Pred. During Test	Oil-Bble.	Water - Bols.	Gas-MCF
,			
FLL		Bbis, Condensate/MMCF	Cravity of Condensate
Prod. Teet-MCF/D	Length of Test	Bois, Condensate/MMCF	e Constitution
'ethed (pitot, back pr.)	Tubing Pressur (Shut-in)	Cosing Pressure (Shut-in)	Choke Stae
Pressure	1047	1047	
CATE OF COMPL	IANCE	^	VATION COMMISSION
		APPROVED JUN	2 1980 19
tify that the rules	and regulations of the Oil Conservation	APPROVED JUN Original Signed by FRAI	
nuve been compli- s and complete to	ed with and that the information given the beat of my knowledge and belief.	BY Original Signed by From	DISTRICT M S
		TITLE	DISTRICT 期点
; ~			n compliance with RULE 1104.
	Khin-	White is a request for all	owable for a newly drilled or deepened
	Signature)	well, this form must be accom- tests taken on the well in acc	canled by a tabulation of the deviation
at Product	ion Manager	All acctions of this form	must be filled out completely for allow-
	(Title)	able on new and recompleted	wells.

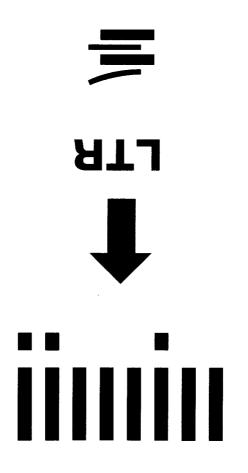
May 5, 1980

(Dute)

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.

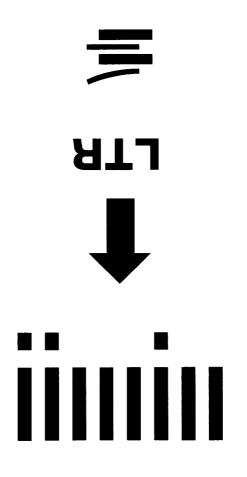
Separate Forms C-104 must be filed for each pool in multiply completed wells.



Job separation sheet

NO. OF COPIES REC	EIVED	
DISTRIBUTE	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
THANSPORTER	GAS	
OPERATOR		

SANTA FE	REQUEST	T FOR ALLOWABLE	Supersedes Old C-104 and C-11		
FILE U.S.G.S.	+	AND	Effective 1-1-65		
LAND OFFICE	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL GA	S		
TRANSPORTER OIL GAS					
OPERATOR	 	•			
I. PRORATION OFFICE					
Southland Royal					
Addres P. O. Drawer 57	O, Farmington, New Mexico	87499			
Reason(s) for filing (Check prop		Other (Please explain)			
New Well Recompletion	Cil Dry C				
Change in Ownership		ensate XXEffective August 1	1. 1984		
If change of ownership give n and address of previous ownership	ime				
II. DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Including	Formation Kind of Lease			
			Legse No. Free Federal SF076958		
Hare Location	19E Blanco Mesav	verde	Federal <u>\$F076958</u>		
Unit Letter C;	1050 Feet From The North	ine and, 1650 Feet From The	. West		
Line of Section 23	Township 29N Range	10W , NMPM, San Jus	an County		
II. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G	AS Address (Give address to which approved	copy of this form is to be sent)		
Giant Refining	Company	P.O. Box 9156, Phoenix,	Arizona 85068		
Name of Authorized Transporter	of Casinghead Gas or Dry Gas XX	Address (Give address to which approved	copy of this form is to be sent)		
Southern Union		P. O. Box 1899. Bloomfie	ld. New Mexico 87413		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs.	Is gas actually connected? When			
If this production is commingly. COMPLETION DATA	ed with that from any other lease or pool	, give commingling order number:			
Designate Type of Com	oletion - (X)	New Well Workover Deepen F	Plug Back Same Res'v. Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded	Date Compt. Ready to Prod.	Total Depti.	6.1.0.		
Elevations (DF, RKB, RT, GR,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations		[Depth Casing Shoe		
	TUBING, CASING, AN	ID CEMENTING RECORD	-		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V. TEST DATA AND REQUES		after recovery of total volume of load oil and lepth or be for full 24 hours)	must be equal to or exceed top allow-		
Date First New Cil Run To Tani	s Date of Test	Producing Method (Flow, pump, gas life,	itely		
Length of Test	Tubing Pressure	(0)	Chake Size		
Actual Prod. During Test	Oil-Bbls.	10 705	ace - MCF		
		OIL COI	- 3		
GAS WELL. Actual Prod. Test-MCF/D	Length of Test		iravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Choke Size		
rading station (proof ones, pro-					
CERTIFICATE OF COMPL	IANCE	OIL CONSERVATI	ON COMMISSION 1 1984		
I hereby certify that the rules	and regulations of the Oil Conservation ied with and that the information given	APPROVED TO	, 19		
above is true and complete t	the best of my knowledge and belief.	BY	SUPERVISOR DISTRICT # 3		
A		This form is to be filed in com	milance with Bill F 1104		
Esth	u Greyeyer	If this is a request for allowab	le for a newly drilled or deepened		
(Signature)		well this form must be accompanie	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
Secretary		All sections of this form must	be filled out completely for allow-		
1-10-84		able on new and recompleted wells	•		
	(Date)	well name or number, or transporter,			
	•		e filed for each pool in multiply		



Job separation sheet

NO. OF COPIES REC	- i	
DISTRIBUTIO		1
SANTA FE	J	
FILE		_
U.S.G.S.		
LAND OFFICE		
RANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Southland Royalty Company Addres P. O. Drawer 570, Farmington, New Mexico 87499 Reason(s) for filing (Check proper box) Other (Please explain) Recompletion Cil Dry Gas Condensate XX -Effective August 1, 1984 Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Federal Hare 19E Basin Dakota F076958 Location 1050 Feet From The North Line and 1650 West Feet From The Line of Section 23 Township 29N Range 10W , NMPM, San Juan County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | or Condensate | TX | Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, Arizona 85068
Address (Give address to which approved copy of this form is to be sent) Giant Refining Company or Dry Gas XX Name of Authorized Transporter of Casinghead Gas Southern Union Gathering Box 1899, Bloomfield, New Mexico 87413 Twp. P.ge. If well produces all or liquids, give location of tanks. Unit If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Gas Well Same Res'y, Diff. Res'y Oil Well Designate Type of Completion -(X)Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Casing Pressure Length of Test Tubing Pressure \mathcal{D} Actual Prod. During Test Oil - Bbls. Water - Bbls. GAS WELL Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMESSION 1984 4. CERTIFICATE OF COMPLIANCE APPROVED 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. TITLE SUPERVISUR DISTRICT # 3 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. Secretary Lles 7-10-84 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 ompleted wells.