HO. OF COPIES REC	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
SECT ATION OFFICE		1

	SANTA FE		CONSERVATION COMMISSI FOR ALLOWABLE	ON	Form C-104 Supersedes Old C-104 and C-116			
	FILE		AND		Elfective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NAT	URAL GAS				
	LAND OFFICE	4						
	TRANSPORTER GAS	4						
	OPERATOR	4		•				
1.	PRORATION OFFICE	†						
••	Operator							
	Southland Royalty Company Address P. O. Drawer 570, Farmington, New Mexico 87499							
	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well	Change in Transporter of:	Omer it tease exp	u ,				
	Recompletion	Cil Dry Go						
	Change in Ownership	Casinghead Gas Conder	nsate XX - Effective	August 1, :	L984			
	If change of ownership give name		:					
	and address of previous owner							
11.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Weil No. Pool Name, Including F		of Lease	Lease No.			
	Beck "A"	1E BasIN Da	t KoTal Stat	e, Federal or Fee	tederal SF-076465			
	_	70 Feet From The North Lin	. 1761		East			
	Unit Letter;;	Feet From The WOT 771 Lin	e and 1 (CO F	et From The	<u>cusi</u>			
	Line of Section 10 Tox	waship 29N Range	12W , NMPM,	San Ju	Lan County			
			_					
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to wh	ich approved com	of this form is to be sent)			
	Giant Refining Comp		P.O. Box 9156, PI		•			
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to wh	ich approved copy	of this form is to be sent)			
	Southern Union Gath		P. O. Box 1899.		New Mexico 87413			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When				
	give location of tanks.			<u> </u>				
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order num	ber:				
	Designate Type of Completic	Oil Well Gas Well	New Well Workover D	epen Plug!	Back Same Restv. Diff. Restv.			
		<u>i</u> i	1 1	· · · · · · · · · · · · · · · · · · ·	1			
	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 Pay	Tubin	g Depth			
				į				
	Perforations			Depth	Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET		SACKS CEMENT			
	7000 3120	CASING & FORMS STEE	JE: 177 JE:		SACING CEMENT			
			<u> </u>	i				
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of pth or be for full 24 hours)	load oil and mus	t be equal to or exceed top allow-			
~ •	Date First New Cil Run To Tanks Date of Teet Producing Method (Flow, pump, gas life, etc.)							
			E O E	الأفقال				
	Length of Test	Tubing Pressure	Carlos Proffsure	Choke	Size			
į	Actual Prod. During Test	Cil-Bbla.	Water Balle.	84 Gas-1	MCF			
	·		10 TILLI	وسردائرا				
•			au con					
,	GAS WELL		OIL CONT	3				
İ	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MikeF-	Gravit	y of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke	Size			
į								
٧i.	CERTIFICATE OF COMPLIANC	Œ	OIL CON	SERVATION	COMMISSION			
					1111 11 1001			
	I hereby certify that the rules and a Commission have been complied w	egulations of the Oil Conservation	APPROVED.	\				
Secretary (Title) 7-10-84		BY	Sava /	SUPERVISOR DISTRICT IN S				
		TITLE	<u> </u>	201-FILLIPOU 210-11				
		This form is to be f	iled in complia	nce with RULE 1104.				
		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 transporten or other such change of condition.						
					(Date)			
								Separate Forms C-
					,	CHEMPSON WAST.		