

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
FORMATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Form C-104-13
Page 1

MAY 27 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Southland Royalty Company

Address

P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

- ☐ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil
☐ Gas
☒ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease name	Well No.	Pool Name, including Formation	Kind of Lease	State
Mangum B Com	1E	Basin Dakota	Lease, Federal or Fee	
Location	Unit Letter	Line and	Feet From The	West
	M	1020	South	1045
Line of Section	32	Township	29N	Range
			11W	NMPN, San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 1599, Aztec, NM 87410
Name of Authorized Transporter of Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering Co.	P. O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge.
	M, 32, 29N, 11W

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.



Drilling Clerk

(Title)

6-1-86

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR 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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of content.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Rea'v. Oil
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.		
Services (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				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 (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)

Oil First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Chase size
Initial Prod. During Test	Oil - bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Initial Prod. Test - MCF/D	Length of Test	Bbls. Condensate/10MCF	Gravity of Condensate
Producing Method (flow, gas pr.)	Tubing Pressure (Start-15)	Casing Pressure (Start-15)	Chase size