| | DETREUTION SARTATE FILE U.S.G.S. LAND OFFICE IRAN PORTER GAS | | . CONSURVATION COM IT FOR ALLOWABLE AND RAHSPORT OIL AND | | Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 | |
|----------|---|---|--|--|--|--|
| 1. | OPERATOR PRORATION OFFICE Gregator | | | | | |
| | Southland Royalty Company Addices P. O. Drawer 570, Farmington, New Mexico 87401 | | | | | |
| | Reason(s) for filing (Check proper bos New Well Recompletion Change in Ownership | Gas Gensate | se explain) | | | |
| | If change of ownership give name and address of previous owner | | | | | |
| 11. | DESCRIPTION OF WELL AND Lease Name Hare | Vell No. Pool Name, Including 15-M Basin Dakota | | Kind of Lease State, Federal or F | Lease No. | |
| | Location | Feet From The South L | | • | • | |
| | Line of Section 3 To | wnship 29N Range | 10W , NMPI | м, San Ji | uan County | |
| II. | 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) Plateau, Inc. 4775 Ind. Sch. Rd. NE. Albuquerque. NM. 87110 | | | | | |
| | Name of Authorized Transporter of Casinghead Gas or Dry Gas X Southern Union Gathering Unit Sec. Twp. Ege. | | 4775 Ind. Sch. Rd. NE. Albuquerque, NM 87110 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, N.M. Is gas actually connected? | | | |
| ļ | If well produces oil or liquids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | |
| | COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty | | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth . | P.B | .T.D. 6886' | |
| | 9-6-80 Elevations (DF, RKB, RT, GR, etc., 5862 GR | 2-3-81 Name of Producing Formation Dakota | 6942' Top Oll/Gas Pay 6756' | Tub | ing Depth 6907 | |
| | Perforations 6756'-6908' (Dakota) | | 0730 | Dep | th Casing Shoe 6932 | |
| į | | ND CEMENTING RECO | RD | 0002 | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH S | ET | SACKS CEMENT | |
| } | 12-1/4" | 8-5/8" | 214' | | 140 sxs | |
| | 7-7/8" | 5-1/2" 1-1/2" | 69321 | | 633 sxs | |
| V. | TEST DATA AND REQUEST FOR ALLOWABLE (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) | | | | | |
| | Date First New Oll Run To Tanks | Date of Test | Producing Method (Flor | w, pump, gas lift, etc. | 1 | |
| | Length of Test | Tubing Pressure | Casing Pressure | Cho | | |
| | Actual Prod. During Test | Oll-Bbie. | Water - Bbls. | Gi. | MAY 1. 1981 | |
| | GAS WELL | | / | DIL CON. COM. | | |
| Ī | Actual Prod. Toot-MCF/D | Length of Test | Bbls. Condensate/MMC | F Gra | y of Condenadte | |
| | 1245 MCF | 3 hours | | , , | | |
| Ī | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut | :-1n) Choi | ke Size | |
| ί 11. | Back Pressure 1314 psig CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | | |
| | | | APPROVED JUL 21 1981, 19 | | | |
| , | hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given | | Ociainal S | By Original Signed by FRANK T. CHAVEZ | | |
| , | shove is true and complete to the best of my knowledge and belief. | | SUPERVISOR DISTRICT # 3 | | | |
| | | . " y | TITLE | | | |
| | | Vivan- | | This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deepened | | |

This form is to be filed

If this is a request for a well, this form must be accontents taken on the well in a All sections of this form

(Title)

April 10, 1981

This form is to be filed

If this is a request for a well, this form must be accontents taken on the well in a All sections of this form able on new and recompletes.

(Date)

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 transporter, or other such change of condition.

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