HO. OF COPIES REC	Ì	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		

U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR  PROPATION OFFICE  Operator	lve 1-1-65
LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE  Operator	
TRANSPORTER OIL GAS  OPERATOR  PRORATION OFFICE  Operator	
OPERATOR GAS  PRORATION OFFICE Operator	
OPERATOR PRORATION OFFICE Operator	
PRORATION OFFICE Operator	
Operator	
Southland Royalty Company	
Address P. O. Drawer 570, Farmington, New Mexico 87499	
r. O. Drawer 570, Farmington, New Mexico 67499	
Reason(s) for filing (Check proper box)  Other (Please explain)	
New Well Change in Transporter of:	
Recompletion   Cil   Dry Gas   Change in Ownership   Casinghead Gas   Condensate   XX   Effective August 1, 1984	
Change in Ownership Casinghead Gas Condensate MA-ETTECTIVE AUGUST 1, 1984	
If change of ownership give name	
and address of previous owner	
DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Formation Kind of Lease	Lease No.
Hare 15M Basin Dakota State, Federal or Fee Feder	ra1 SF076958
Location	
Unit Letter 0; 930 Feet From The South Line and	
	ļ
Line of Section 3 Township 29N Range 10W , NMPM, San Juan	County
DECIONATION OF TRANSPORTER OF OUT AND NATURAL CAS	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate  XX 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 Vy Address (Give address to which approved copy of this)	form is to be sent)
Southern Union Gathering P. O. Box 1899, Bloomfield, New	Mexico 87413
If well produces oil or liquids, Unit Sec. Twp. Rgs. Is gas actually connected? When	
give location of tanks.	
If this production is commingled with that from any other lease or pool, give commingling order number:	
COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back S	ome Res'v. Diff. Res'v.
Designate Type of Completion - (X)	ume Nes-v. Ditt. Nes-v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Cil/Gas Pay Tubing Depth	
Perforations Depth Casing 5	Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACI	KS CEMENT
	il to or exceed top allow-
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to the feether than the feether	il to or exceed top allow-
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equa	nl to or exceed top allow-
TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Cil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)	il to or exceed top allow-
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TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Cil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Gas-MGSA  GAS WELL  GAS WELL	0
TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)  Date First New Ci! Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Gas-MSSA  GAS WELL  Actual Prod. During Test  Oil-Bbls.  Bbls. Condensate/MMCF  Gray of Con	0
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TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)  Date First New Cil Run To Tanks  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Gas MGFA  Testing Method (pitot, back pr.)  Tubing Pressure(shut-in)  Casing Pressure(shut-in)  Casing Pressure(shut-in)  Choke Size  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  This form is to be filled in compliance with Ru Allowable for a new wall, this form must be accompanied by a tabulate taken on the well in accordance with Ru Allowable form must be accordanced by a tabulate taken on the well in accordance with Ru Allowable form must be accordanced by a tabulate taken on the well in accordance with Ru Allowable form must be accordanced by a tabulate taken on the well in accordance with Ru Allowable form must be accordanced by a tabulate taken on the well in accordance with Ru Allowable form must be accordanced by a tabulate taken on the well in accordance with Ru Allowable form must be accordanced by a tabulate taken on the well in accordance with Ru Allowable form must be accordanced by a tabulate taken on the well in accordance with Ru Allowable form must be accordanced by a tabulate taken on the well in accordance with Ru Allowable form must be accordanced by a tabulate taken on the well in accordance with Ru Allowable form must be accordanced by a tabulate taken on the well in accordance with Ru Allowable form must be accordanced by a tabulate taken on the well in accordance with Ru Allowable form Marcordance with Ru Allowable for a marcordance with Ru A	Adenecte  101 1984  SUPERVISOR DISTRICT *  th RULE 1104.  bly drilled or deepened lation of the deviation of
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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 well.