Entre House HEW ME MICO OIL CONSTRUCTION COMMISSION Form C - 104 5791 A F C REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-F 11.E Effective 1-1-65 AHD U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Cherator Southland Royalty Company P. O. Drawer 570, Farmington, New Mexico 87401 Resson(s) for filing (Check proper box) Other (Please explain) Change In Transporter of: Dry Gas Recompletion CIL Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease Non State, Federal or Fee Federal 18-M Hare Blanco Mesa Verde SF-07695 Location 1080 860 Feet From The South Line and Feet From The East 29N , NMPM, 10 Township Range 10W San Juan Line of Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X 4775 Ind. Sch. Rd, N.E., Albuquerque, NM 87110 Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Name of Authorized Transporter of Casinghead Gas 🔲 or Dry Gas 🗓 P.O. Box 1899, B Is gas actually connected? Southern Union Gathering Bloomfield, New Mexico 87413 Twp. Unit P.ge. 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: IV. COMPLETION DATA Cil Well Gas Well New Well Workover Plug Back Same Resty. Diff. Resty Designate Type of Completion - (X) X P.B.T.D. Date Compl. Ready to Prod. Total Depth 1 - 3 - 815-11-81 6800' 6710**'** Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 5725' GR 4020' Mesa Verde 4508 Depth Casing Shoe Perforations 6749**'** 4020'-4304' (Menefee) 4349'-4493' (Point Lookout) TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT CASING & TUBING SIZE HOLE SIZE 214 13-3/4" 150 sacks 10-3/4" 7-5/8'' 2490 377 sacks 9-7/8" <u>5-1/2"</u> 6-3/4" 6749' 250 sacks (2 stages) 1-1/2" 4508**'** 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bble. Oil-Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF 3 hours 2119 MCF/D Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 3/4" 1107 Back Pressure 1088 VI. CERTIFICATE OF COMPLIANCE

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. District Production Manager

(Title)

June 8, 1981

I hereby certify that the rules and regulations of the Oil Conservation

OIL CONSERVATION COMMISSION

APPROVEDOriginal Signed by FRANK 1	AUG 24 19R1
	OR 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 deepens well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with NULE 111.

All sections of this form must be filled out completely for allow able 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 multiple completed wells.