1.	DESTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRAL PORTER GAS OPERATOR PRORATION OFFICE		COMMERCATION COMME FEOR ALLOWABLE AND MANSPORT OIL AND N		Poim C=104 Supersedes Old C=104 and C=1 Ulfoctive 1=1=65
	Southland Royalty Comp	any			•
	P.O. Drawer 570, Farmi Reason(s) for filing (Check proper box New We!1 Recompletion Change in Ownership	Change in Transporter of: Cil Dry G	Other (Please e	xplain)	
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including to		ind of Lease	Lease No.
	Grenier "B"	10 Aztec Fruitla	ınd	tate, Federal or F	Federal NM-03561
	Unit Letter F : 1530 Feet From The North Line and 1585 Feet From The West				
	Line of Section 4 To	waship 29N Range	10W , NMPM,	San Juai	n County
II.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL G. or Condensate X		which approved co	opy of this form is to be sent)
ĺ	Name of Authorized Transporter of Casinghead Gas or Dry Gas 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 !¿quids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected No	When	New Mexico 67413
	If this production is commingled will COMPLETION DATA	th that from any other lease or pool,	give commingling order n	umber:	
	Designate Type of Completion	, X	New Well Workover	Deepen Plu	g Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E	B.T.D.
	12-26-80 Elevations (DF, RKB, RT, GR, etc.)	4-9-81 Name of Producing Formation	2550 Top Oil/Gas Pay	Tub	2527 toing Depth
	5948' GR	Fruitland	2178'		
Ì	Perforations	· Itulianu		Dep	th Casing Shoe
ĺ	2178'-2210'				2535 '
	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT				
}	12-1/4"	8-5/8	173'	150	SACKS CEMENT
	6-3/4"	2-7/8"	2535		sacks
			1		
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume epth or be for full 24 hours)	of load oil and m	ust be equal to or exceed top allow-
- 	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc	.)
	Length of Test	Tubing Pressure	Casing Pressure	Cho	ke Size
	Actual Prod. During Test	OII-Bble.	Water - Bbls.	Gaa	-MCF
1.	GAS WELL	L			1981
ĺ	Actual Prod. Test-MCF/D	Length of Test 3 hrs	Bbls. Condensate/MMCF	ra Gra	vity of Gomentate
}	927 MCF/D Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	a) Cho	10 Sh. 3
	Back Pressure		723		3/4"
	CERTIFICATE OF COMPLIANC	TEC .	il on co	NSERVATIO	N COMMISSION

APPROVED.

completed wells.

Original Signed by FRANK T. CHAVEZ

MAPERVISOR DISTRICT # 3

teats taken on the well in accordance with MULE 111.

This form is to be filed in compliance with MULE 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

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 Forma C-104 must be filed for each pool in multiply

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

(Title)

District Production Manager