1.	TOTAL TE TILE U.S.G.S. LAND OFFICE TRAIL PORTER GAS OPERATION OFFICE GENERAL	1	FOR ALLOWABLE AND ANSPORT OIL AND	Effective 1-1-	Form C-104 Supersedes Old C-104 and C-170 Effective 1-1-65		
	Southland Royalty Company						
	Address						
	Reason(s) for filing (Check proper box New Well X Recompletion Change in Ownership	Change in Transporter of: Impletion Cil Dry Gas Condensate Casinghead Gas Condensate Condensate Casinghead Gas Condensate Condensate Casinghead Gas Condensate Condensate Casinghead Gas Casinghead Gas Condensate Casinghead Gas C					
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name Well No. Pool Name, Including I		•		Fee Federal	Lease No.	
	Hare Location	17-E Basin Dakota		·	Federal	SF-076958	
	Unit Letter F ; 1810	Feet From The north Lin	ne and 1840	Feet From The	west		
	Line of Section 15 Township 29N Bange 10W , NMPM, San Juan County						
	Zine of oction 15 221 Zine y Town / Dail Oddin Octoby						
Ш.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	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 (v)		4775 Ind. Sch. Rd. N.E., Albuquerque, NM 87110 Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Cas						
	Southern Union Gathering If well produces on or liquids, Unit Sec. Twp. P.ge.		P.O. Box 1899, Bloomfield, New Mexico 87413 Is gas actually connected? When				
	give location of tanks.	No	l 				
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA						
1 .	Designate Type of Completic	Oil Well Gas Well	New Weil Workover	Deepen P.	lug Back Same Res	o'v. Diff. Res'v.	
	Date Spudded Date Compl. Ready to Prod.		X Potal Depth P.B.T		.B.T.D.	ſ.D.	
	2-22-81	5-18-81	6772'		6729 '		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation			ubing Depth		
	5741' GR Dakota Perforations		6559 Depth		6694 * Depth Casing Shoe		
	6559'-6704' (Dakota) 6772'						
	HOLE SIZE	TUBING, CASING, AND	DEPTH SE		SACKS CEM	AFNT	
	13-3/4"	10-3/4"	212		140 sacks		
	7-7/8"	5-1/2"	6772	11	107 sacks (3	7 sacks (3 stages)	
		1-1/2"	6694	6694' Pac		ker set @ 4658'	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volu	me of load oil and	must be equal to or e	exceed top allow-	
	OII, WELL able for this depth or be for full 24 hours) Date First New Cil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	are that were out that to take		•				
	Length of Test	Tubing Pressure	Coming Pressure Cho		hoke Size	•	
	Actual Pred. During Test	Oil-Bbis.	Water - Bbls.	ater-Bbls. Gas		-MCF	
	GAS WELL 1981						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCI	G	ravity of Gondensore		
	565 MCF/D Testing Method (pitot, back pr.)	3 hours Tubing Pressure(Shut-in)	Casing Pressure (Shut-	-in) &	hote Sint. 3		
	Back Pressure	849			3/4"		
VI.	CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION					
	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.		APPROVED AUG 24 19816				
	a		TITLE SUPERVISOR DISTRICT # 3				
	(Signature)		This form is to be filed in compliance with RULE 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.				
	District Production Manager (Title) June 9, 1981		tests taken on the well in accordance with MULE 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.				
	June 9, 1901 (Date)						