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SANTA FE			
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U.S.G.S.			_
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPE A OR			
PROF. TON OFFICE			
Operator			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	116.7.6	1==.=.=.=.	AND		
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS	
	OIL	1			
	IRANSPORTER GAS	+			
	OPENATOR				
	PROF ON OFFICE	-			
1.	Operator			33	
	Southland Royalty C	ompany	N. C.	Same of the same o	
	Address				
	P. O. Drawer 570, F	armington, New Mexico 8	37499		
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:	_ [		
	Recompletion	Cil Dry Go			
	Change in Ownership	Casinghead Gas Conde	nsate		
	If change of ownership give name				
	and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including F			
	Cain	16E Basin Dakota	State, Feder	Tor Fee Federal \$F-080781	
	Location				
	Unit Letter I : 155	5 Feet From The South Lir	ne and 1210 Feet From	The East	
			_		
	Line of Section 30 Tov	wnship 29N Range	9W , NMPM, San	Juan County	
		TER OF OUR AND NATURAL CO			
111.	DESIGNATION OF TRANSPORT		Address (Give address to which appro	oved copy of this form is to be sent)	
	Plateau, Inc.	<u>a</u>		NE, Albuquerque, NM 87110	
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 🛣	Address (Give address to which appro		
	Southern Union Gath		P.O. Box 1899, Bloomfie	ld, New Mexico 87413	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		en	
	give location of tanks.		No		
	If this production is commingled wil	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA				
	Designate Type of Completic	Cil Well Gas Well	New Well Workover Deeper.	Plug Back   Same Resty. Diff. Resty.	
	Designate Type 51 Completion	X	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	6-23-83	7-24-83	66501	6613	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay 6421'	Tubing Depth 6550'	
	5694 GL	Dakota	0421	Depth Casing Shoe	
	6421'-6597'			6631'	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4"	8-5/8"	207 '	495 cu.ft.	
	7-7/8"	5-1/2"	6631'	1906 cu.ft. (3 stages)	
	1	2-3/8"	6550 '		
				_i	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-	
•	OH WELL	able for this de	epth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ijt, etc.)	
			Casing Pressure	Choke Size	
	Langth of Test	Tubing Pressure	Cdaing Pressure	0.020 0.20	
	Actual Pred. During Test	Cil-Bbls.	Water - Bbis.	Gas - MCF	
	Return Fred. Berny 1 est	011-0210			
		<u> </u>			
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	1697	3 hours			
	I sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Back Pressure	1870	1863	3/4"	
VI.	CERTIFIC TE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION	
			OIL CONSERVATION COMMISSION SEP 1 9 1983		
	hereog pertify that the rules and regulations of the Oil Conservation		APPROVED	, 19	
	lummination have been compiled wather a strue and complete to the	vith and that the information given	BY Original Signed by FRANK	I. CHAYEZ	
	and domplete to the	. Seat of my knowledge and better.		DISTRICT ¥ 3	
			TITLESUPERVISOR	pietitioi # •	
	Cother Ja Gregeryer		This form is to be filed in	compliance with RULE 1104.	
			To this is a request for allo	wable for a newly drilled or despensed	
	(6)30	well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.			
	Secretary		All sections of this form m	ust be filled out completely for allow-	
			II UTT BECTTONE AT 1917 PAINT IN		

## VI

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Cetter J. Dreyeyer
(Ninature)
Secretary
(*****)

August 4, 1983

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 multiply completed wells.