

DEPARTMENT OF REVENUE	
DIVISION OF OIL AND GAS	
SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Southland Royalty Company	
Address P. O. Drawer 570, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) JUL 26 1984 OIL CONSERVATION COMMISSION	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McWhorter-Duncan	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee FEE	Lease No. ---
Location Unit Letter K 1565 Feet From The South Line and 1820 Feet From The West Line of Section 10 Township 29N Range 14W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix Arizona 85068					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 5-15-84	Date Compl. Ready to Prod. 6-05-84	Total Depth 5860'		P.B.T.D. 5815'				
Elevations (DF, RKB, RT, GR, etc.) 5376' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 5534'		Tubing Depth 5648'				
Perforations 5534'-5714'					Depth Casing Shoe 5860'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 229.72'		SACKS CEMENT 250 sxs (295 cu. ft.)			
7-7/8"	4-1/2"		5860'		1010 sxs (1463 cu.ft.)			
	2-3/8"		5648'		in 3 Stages			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1891	Length of Test 3 hours	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1830	Casing Pressure (Shut-in) 1831	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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.

Ester J. Guevara
(Signature)

Secretary

(Title)

July 25, 1984

(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 04 1984

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

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 tests taken on the well in accordance with RULE 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.