40. OF COPIES REC	EIVED	1	
DISTRIBUTE	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THE STATES	GAS		
OPERATOR			
BB05 : 7:00 055			

Form C-104

	FILE	- KEQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	· · · · ·		
	LAND OFFICE		AND NATURAL	GAS		
	TRANSPORTER OIL	_	,			
	OPERATOR GAS	_				
1	PROBATION OFFICE	-				
••	Operator					
	Southland Royalty					
	Address P. O. Drawer 570,	Drawer 570, Farmington, New Mexico 87499				
	Reason(s) for filing (Check proper bo		Other (Please explain)			
	New Well	Change in Transporter of:	Other (Please explain)			
	Recompletion	Cil Dry G	as 🔲			
	Change in Ownership	Casinghead Gas Conde	\overline{XX} - Effective August	t 1, 1984		
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Formation Kind of Leas	Larro No		
	Cozzens "B"	1 Basin Dakota		at or Fee Federal SF-077056		
		560 Feet From The South Lin	ne and 990 Feet From	The West		
	Line of Section 19 To	ownship 29N Range	11W , NMPM, San Ju	an County		
II.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA				
	Giant Refining Com	— 	Address (Give address to which appro	* * * * * * * * * * * * * * * * * * * *		
	Name of Authorized Transporter of Co	asinghad Gas or Dry Gas XX	P.O. Box 9156, Phoenix	ved copy of this form is to be sent)		
	Southern Union Gat			field. New Mexico 87413		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		ien		
	give location of tanks.	1 1 1				
	f this production is commingled with that from any other lease or pool, give commingling order number:					
	Designate Type of Completi	ion = (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
Ì		TUBING, CASING, AND	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			 			
ļ		 				
L						
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a		and must be equal to or exceed top allow-		
4	OII. WELL able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
į	Edit Filet New Oli Aun 10 Tunks	54.6 01 1001	Producting Marinos (1 tow, pamp, gos se	,,,,		
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				, e e e		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbill	Gds - MCF		
١.						
	AS WELL					
[Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
:	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
1	. esting Method (pitht, back pr.)	Austra Pressure (SARE-IR)	Cosing Pressure (Bade-113)	Choke Size		
ــا انا	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION 1 4004		
•••		, <u> </u>		JUL 1 1 1984		
		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.		BY Stanks. Save	X			
	A. H. Garage		7171 6	SUPERVISOR DISTRICT TO		
			This form is to be filed in compliance with RULE 1104.			
(Signature)		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				
	Secretar		tests taken on the well in accordance with RULE 111.			
-	(Tile)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
_	<u> </u>	0-84	Fill out only Sections L. II	. III. and VI for changes of owner.		
(Date)			well name or number, or transport	en or other such change of condition.		

Separate Forms C-104 must be filed for each pool in multiply completed well*.