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| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PROMOTION OFFICE | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Southland Royalty Company

Address
P.O. Drawer 570, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box) Other (Please explain)

| | | | |
|--|--|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Oil | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Castinthead Gas | <input type="checkbox"/> Condensate | |
| <input type="checkbox"/> Change in Ownership | | | |

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DIST. 3

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------------|---|--|-------------------------------|
| Lease Name Hampton | Well No. 4M | Pool Name, including Formation Blanco Mesaverde | Kind of Lease State, Federal or Foreign Federal | Lease No. SF-078144 |
| Location Unit Letter N ; 970 Feet From The South Line and 1680 Feet From The West | | | | |
| Line of Section 13 Township 30N Range 11W , 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 Castinthead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, New Mexico 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: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Ether J. Guevara
(Signature)
Secretary
(Title)
October 24, 1984
(Date)

OIL CONSERVATION DIVISION

11-26-84
APPROVED **NOV 2 1984**

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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.

IV. COMPLETION DATA

| | | | | | | | | | |
|---|-----------------------------|----------|-----------------|-------------|--------------|--------------------------------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | | X | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | | |
| 11-22-83 | 10-11-84 | | 7265' | | 7082' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | | |
| 6124' GL | Mesaverde | | 4888' | | 4865' | | | | |
| Perforations | | | | | | | Depth Casing Shoe | | |
| 4888'-5123' | | | | | | | 7130' | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | SACKS CEMENT | | | |
| 14-3/4" | 10-3/4", 32.75#, H-40 | | | 230.48' | | 236 cu.ft. (230 sxs) | | | |
| 9-5/8" | 7-5/8", 26.40#, K-55 | | | 4845' | | 2 Stages: 864 cu.ft. (605 sxs) | | | |
| 6-3/4" | 5-1/2", 17#/15.5#, K-55 | | | 4770'-7130' | | 340 cu.ft. (230 sxs) | | | |
| | 1-1/2", 2.76#, V-55, IJ | | | 4865' | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Tests 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 2303 | 3 Hrs | ----- | ----- |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size |
| Back Pressure | 964 | 964 | 3/4" |