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| SANTA FE | | / | |
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| U.S.G.S. | | | |
| LAND OFFICE | | | |
| | OIL | 1 | |
| TRANSPORTER | ON / / / / / / GAS / GAS / | / | |
| OPERATOR | | 2 | |
| PRORATION OFFICE | | 1 | |
| C), erator | _ | | |

I.

EI.

V.

| | DISTRIBUTION 7 | REQUEST FO | NSERVATION COMMISSION OR ALLOWABLE AND | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 |
|--|--|--|--|---|
| | U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS / CPERATOR PRORATION OFFICE | AUTHORIZATION TO TRAN | ISPORT OIL AND NATURAL GA | .5 |
| • - | PROPRETION OFFICE | | | |
| | Southland Royalty (| | | |
| | P. O. Drawer 570, Fam | mington, New Mexico 874 | Other (Please explain) | |
| - 1 | Reason(s) for filing (Check proper box) New Well | Change in Transporter of: | Mane | change |
| | Recompletion Change in Ownership | Oil Dry Gas Casinghead Gas Condens | <u> </u> | |
| L | Cohange give name | | P. O. Drawer 570, Farm | ington, New Mexico 87401 |
| | nd address of previous owner DESCRIPTION OF WELL AND L | FASE | | |
| | Lease Name | Well No. Pool Name, Including For #1 Blanco Mesav | المستدادات المناه أ | or Fee Fee |
| | Turner | | | 100 |
| | Unit Letter : 2310 | Feet From The North Line | and 1650 Feet From TI | neWest |
| | Line of Section 24 Town | nship 31 North Range 11 | l West , NMPM, | San Juan County |
| - .T 1 | DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GAS | <u> </u> | |
| ii. j | Name of Authorized Transporter of Off | or Compensate (A) | P. O. Box 108, Farmingt | on, New Mexico 87401 |
| ŀ | Plateau, Inc. | nghed Sas cr Dry Gas X | Adaress (Give address to which approve | ed copy of this form is to be sent) |
| | Southern Union Gather | ring | Fidelity Union Tower, D | ailas, iexas 75201 |
| i | (f well) produces oil or liquids, give location of tanks. | | 1 | |
| I | f this production is commingled with | h that from any other lease or pool, g | | |
| ₩. [| COMPLETION DATA Designate Type of Completion | | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| - | Designate Type of Completion | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | | Name of Producing Formation | Top Oil/Gas-Pary | Tubing Depth |
| | Elevations (DF, RKB, RT, GR, etc., | Number of 7 is a desired in the interest of th | | Depth Casing Snoe |
| | Perforations | | | Sep exemy en |
| | | TUBING, CASING, AND | CEMENTING RECORD | SACKS CEMENT |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | |
| | | | | |
| | | | | |
| v. | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be af | fter recovery of total volume of load oil (pth or be for full 24 hows) | and must be equal to ar exceed top allow- |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lij | 't, etc.) |
| | Length of Test | Tubing Pressure | Coming Pressure | Choke Size |
| | | | Water - Bois. | Gas-MOF |
| | Actual Prod. During Teat | Oil-Bbls. | | |
| | | | | |
| | GAS 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 |
| | | | OIL CONSERVA | ATION COMMISSION |
| VI. | CERTIFICATE OF COMPLIAN | | APPROVED JAN | 7 1978 |
| 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. | | Original Stoned by A. R. Kendrick | | |
| | | STEPHIKY ISOR | DIST. 43 | |
| | · | | 11166 | compliance with RULE 1104. |
| | | 102 Kyan | If this is a request for allo- | wable for a newly drilled or despense enied by a tabulation of the deviation |
| | District David | nature) CX. | i that's taken on the well in acco | ordance with RULE 111. ust be filled out completely for allow |
| | | itle) | i shie on new and recompleted W | elia. II. III. and VI for changes of owner |
| | | | Fill out only Sections L. | in and, with wa ter william of any distant |

(Date)

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

| ĺ | HO. OF COPIES RECI | EIVED | · · · · – | |
|----|--------------------|-------|-----------|--|
| | DISTRIBUTION | | | |
| | SANTA FE | | | |
| i | FILE | | | |
| | U.S.G.S. | | | |
| ĺ | LAND OFFICE | | | |
| | TRANSPORTER | OIL | | |
| | | G A S | | |
| | OPERATOR | | | |
| ı. | PROPATION OFFICE | | | |

| | SANTA FE | _ | FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-110 Elfoctive 1-1-65 | |
|---------|--|--|--|--|--------|
| | U.S.G.S. | AUTHORIZATION TO TRA | AND ANSPORT OIL AND NATURAL (| | |
| | LAND OFFICE | - AUTHORIZATION TO TRA | AND OR OLE AND NATURAL (| 5A3 | |
| | TRANSPORTER OIL | 4 | | | |
| | OPERATOR GAS | - | | • | |
| 1. | PROBATION OFFICE | - | | | |
| | Operator County 1 and Douglas 1 | 2 | | | |
| | Southland Royalty Company Address P. O. Drawer 570, Farmington, New Mexico 87499 | | | | |
| | Reason(s) for filing (Check proper box | | Other (Please explain) | | |
| | New Well Change in Transporter of: | | | | |
| | Recompletion | Cil Dry Ga | | | |
| | Change in Ownership | Casinghead Gas Conder | -Effective August | 1, 1984 | |
| | If change of ownership give name | | | | |
| | and address of previous owner | | | · · · · · · · · · · · · · · · · · · · | |
| II. | DESCRIPTION OF WELL AND | LEASE Well No. Pool Name, Including Fo | ormation Kind of Lease | Lease No. | |
| | Turner | #1 Blanco Mesa | | | |
| | Location | THE DIANCO MESA | ver de , | | |
| | Unit Letter F : 231 | .0 Feet From The North Lin | • and <u>1650</u> Feet From 7 | he West | |
| | Line of Section 24 Tox | wnship 31N Range | 11W , NMPM, San Ju | ian County | |
| | Eme or Section 24 130 | 311g | IIM , Mar Mr. Sall Ut | 1411 | |
| III. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | Address (Give address to which approv | ad acres of this form is to be come. | |
| | Giant Refining Comp | | P.O. Box 9156, Phoeni'x | | |
| | Name of Authorized Transporter of Car | singhead Gas or Dry Gas | Address (Give address to which approv | ed copy of this form is to be sent) | |
| | Southern Union Gath | | | ield. New Mexico 87413 | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. P.ge. | Is gas actually connected? Whe | n | |
| | <u> </u> | th that from any other lease or pool, | give commingling order number: | | |
| Į٧. | COMPLETION DATA | Oil Well Gas Well | | Plug Back Same Res'v. Diff. Res'v. | |
| | Designate Type of Completic | | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | Flavores (DF BKB BT CB | N | Top Oil/Gas Pay | Tubing Depth | |
| | Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | i Top On/Gds Pdy | Tabing Depth | |
| | Perforations | | · | Depth Casing Shoe | |
| | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | | |
| | | 1 | | | |
| | | | | | |
| v. | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be af | | and must be equal to or exceed top allow- | |
| - * | OIL WELL Date First New Cil Run To Tanks | able for this de | pth or be for full 24 hours) Producing Method (Flow, pumpers fifth | The state of the s | |
| | Sala : Hat have on hair to raise | | MEGE | | |
| | Length of Twat | Tubing Pressure | Casing Pressure | Choke Size | |
| | Actual Prod. During Test | Cil-Bbis. | Water-Bble. | 1 1984 Gds-MCF | |
| | | | | N. DIV. | |
| | | | OIL O | 57. 3 | |
| | 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 | |
| 94 - | CERTIFICATE OF COMPLIANCE | CE | OIL CONSERVA | TION COMMISSION | |
| | | | $-\sim$ | JUL 11 1984 | |
| | i herety 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 , 19, 19 | | |
| | | | BY Symples | SUPERVISOR DISTRICT IN 3 | |
| | | | TITLE | DISTRICT E 3 | |
| | 44 کس | μ . | This form is to be filed in c | | |
| | Secretary | | 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. | | |
| | | | | | |
| 7-10-84 | | 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. | | | |
| | | | | | (Date) |
| | | į | completed wells | | |