

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 1-1-85

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PROBATION OFFICE	

Operator	
Southland Royalty Company	
Address P. O. Drawer 570, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box) ☐ New Well ☐ Recombination ☐ Change in Ownership	
Change in Transporter of: ☐ Oil ☐ Gashead Gas ☒ Condensate	
Effective August 1, 1984	
Other (Please explain)	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Davis
Well No.	6
Pool Name, Including Formation	Blanco Mesaverde
Kind of Lease	State, Federal or Fee Federal
Lease No.	SF-077648
Location	Unit Letter 0 : 990 Feet From The South Line and 1650 Feet From The East
Line of Section	12 Township 31N Range 12W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒			
Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, Arizona 85068				
Name of Southern Union Gathering				
Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
P. O. Box 1899, Bloomfield, New Mexico 87413				

IV. COMPLETION DATA

Designate Type of Completion - (X) ☐ Oil Well ☐ Gas Well ☐ 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.
Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)			
Perforations			
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE			
CASING & TUBING SIZE			
DEPTH SET			
SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL
(Test must be after recovery of total volume of load 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, lift, etc.)	Casing Pressure	Choke Size	Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	Testing Method (Pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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.

Secretary
(Signature)
C. Allen Gregory
(Title)
7-10-84
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	TITLE
BY	SUPERVISOR DISTRICT
JUL 11 1984	

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.