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

	SANTA FE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
	FILE	]	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT CIL AND NATURAL	GAS	
	Tou.	1			
	TRANSPORTER GAS	1			
	OPERATOR	-			
I.	PRORATION OFFICE	<del></del>			
	Southland Royalty C	ompany			
	Address				
	P. O. Drawer 5/0, F Reason(s) for filing (Check proper box,	armington, New Mexico 8	Other (Please explain)		
	New Well	Change in Transporter of:	Office (1 sease explain)		
	Recompletion	Cil Dry Ga	<b>=</b>		
	Change in Ownership	Casinghead Gas Conden	sate XXEffective Augus	t 1, 1984	
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lea	Legae No.	
				<del>-</del>	
	Location			100000	
	Unit Letter M : 990	Feet From TheSouth Lin	e and 990 Feet From	The West	
	Line of Section 21 Tow	vnship 32N Range 8W	, NMPM. San J	luan County	
III.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent)	
	1	<del></del>	P. O. Box 9156, Phoen	ix, Arizona 85068	
	Giant Refining Comp	inghead Gas or Dry Gas 💢	Address (Give address to which appro	oved copy of this form is to be sent)	
	Northwest Pipeline	Corporation Unit Sec. Twp. Rge.	P. O. Box 90. Farming	ton, New Mexico 87499	
	If well produces oil or liquids, give location of tanks.	Onte   Sec.   Twp.   Age.	la des desidenty connected?		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
	Designate Type of Completion	n – (X)			
	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	
				Depth Casing Shoe	
	Perforations			Septim Gallary Street	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		<u> </u>			
	TEST DATA AND REQUEST FOOL WELL		fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-	
	Date First New Cii 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-Bhis.	Water-Bbls.	das 1 348 21	
			I		
	GAS WELL		Oil	, O. V.	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	District Condensate	
:	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		•			
VI. CERTIFICATE OF COMPLIANCE		)E	OIL CONSERVATION COMMISSION		
	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.		APPROVED JUL 1 1984		
			By Dranks. Jave		
			TITLE O SUPERVISOR DISTRICT #		
			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		
(Signature) U U Secretary			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 transporten or other such change of condition.		
7-10-84					
		•	completed wells.	•	