DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Porm C~104 SANTATI REQUEST FOR ALLOWABLE Supersedes Old 6-104 and C-11 FILE Effective 1-1-65 u.s.c.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL 1 TRAN PORTER GAS - 1 OPERATOR PRORATION OFFICE Operator SOUTHLAND ROYALTY COMPANY Address DRAWER 570, FARMINGTON, NEW MEXICO 87401 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Shut off interzone communication Recompletion CII Dry Gas After workover Change in Ownership Castnahead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No.: Pool Name, Including Formation Kind of Lease Lease No State, Federal or Fee NM-9037 2 Reese Mesa Basin Dakota Location 2540 Feet From The South Line and 350 Unit Letter Feel From The West Township Line of Section 32N 8W Range , NMPM, San Juan II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | or Condensate | X | Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X P. O. Box 108, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corporation O. Box 90, Farmington, New Mexico 87401 Unit Twp. P.ge. When Is gas actually connected? If well produces oil or liquids, give location of tanks If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion = (X) Date Spudded Total Depth Date Compl. Ready to Prod P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Otl/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 2-3/8" 8472' 1-1/2" 6284 V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of sotal volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water-Bble. Gas - MCF

GAS WELL Actual Prod. Test-MCF/D Cravity of Condensate Length of Test Bbls. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

I. 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.

| (5) | La Kreatin | |
|-----|-------------|--|
| | (Signature) | |

District Production Manager

March 14, 1978

(Title)

(Date)

OIL CONSERVATION COMMISSION

__, 19 __ DY Original Signed by A. R. Kendrick SUPERVISOR TO DEL

TITLE .

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 manie or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.