

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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SEP 30 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV. 1  
DIST. 3

I. Operator  
Southland Royalty Company

Address  
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Reese Mesa	Well No. 8	Pool Name, including Formation Albino Pictured Cliffs	Kind of Lease State, (Federal) or Fee	Lease No. NM 9037
Location Unit Letter <u>L</u> ; <u>1660</u> Feet From The <u>South</u> Line and <u>835</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>32N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P. O. Box 8900, Salt Lake City, UT 84110
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>L</u> Sec. <u>12</u> Twp. <u>32N</u> Rge. <u>8W</u>	

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.

9-26-86  
(Signature)  
Drilling Clerk  
(Title)  
9-26-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 1, 2 1987  
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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-28-84	Date Compl. Ready to Prod. 11-8-84		Total Depth 4050'		P.B.T.D. 4034'				
Elevations (DF, RKB, RT, GR, etc.) 7040' GL	Name of Producing Formation Albino Pictured Cliffs		Top Oil/Gas Pay 3824'		Tubing Depth -0-				
Perforations 3824, 3834, 3843, 3873, 3966						Depth Casing Shoe 4050'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		320'		266 cu ft			
7 7/8" & 6 3/4"		2 7/8"		4040'		718 cu ft			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test 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 68	Length of Test SI 7 Days	Bbls. Condensate/MMCF 9 MCF/D	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) SI -0-	Casing Pressure (Shut-in) SI 436	Choke Size 3/8"