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DISTRIBUTION			6		
SANTA FE		7			
FILE		1	V		
U.S.G.S.					
LAND OFFICE					
IRANSPORTER	OIL	1			
	GAS	1			

	SANTA FE / FILE / V	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL O	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
1.	IRANSPORTER OIL / GAS / OPERATOR APPORATION OFFICE					
Operator Southland Royalty Company						
	Address					
	P. O. Drawer 570, Farmington, New Mexico Reoson(s) for filing (Check proper box) Other (Please explain)					
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga: Casinghead Gas Conden	= name onan	g e		
	If change of ownership give name			· · · · · · · · · · · · · · · · · · ·		
	and address of previous numer					
II.	DESCRIPTION OF WELL AND ! Lease Name	LEASE Well No. Pool Name, Including Fo				
	Pierce 1A Blanco Mesa Verde State, Federal or Fee SF-078134					
	Unit Letter 0: 1020 Feet From The South Line and 1455 Feet From The East					
	Line of Section 30 Tow	mship 31N Range	10W , NMPM, San	Juan County		
ш.	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of CII or Condensate Address (Give address to which approved copy of this form is to be s					
	Plateau, Inc. Name of Authorized Transporter of Casinghead Gas of Dry Gas		Box 108, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)			
	Southern Union Gathering Box 1899, Bloomfield		ld, New Mexico			
	If well grainces oil or liquids, give location of tanks.					
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,		***************************************		
	Designate Type of Completion	. •	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.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforutions			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
. V.	TEST DATA AND REQUEST FO	12 ALLOWARIE (Test must be a	free recovery of Total volume of load oil	and must be equal to or exceed top allow-		
	OH. WELL able for this depth or be for full 24 hours) Date First New Oil Aun To Tanks Date of Test Producing Method (Flow, pump, gas lift, esc.)					
	Length of Test Tubing Pressure Casing Pressure Choke Size		Choke Size			
	Langin of 1881			Gas-MCF		
	Actual Prod. During Test	Cil-Bbis.	Water-Bbis.	Gus-Sici		
			000	178		
	GAS WELL Actual Prod. Test-MOF/D	Langth of Test	Bbla. Condonacte AMCF DIST 3	Grayty of Condensate		
			Casing Pressure (Shut-In)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressurs (Side-AM)	Chore 5114		
VI.	VI. CERTIFICATE OF COMPLIANCE			ATION 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 JAN 1 2 1978 . 19				
		BY Original Signed by A. R. Kendrick				
			11166	SOR DIST. #3		
Thi			to a state of the	compliance with RULE 1104.		
(Signature)			If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	District Production Manager		All sections of this form must be filled out completely for allow-			

January 1, 1978

(Date)

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.