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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 1-1-65

Operator Southland Royalty Company			
Address P. O. Drawer 570, Farmington, New Mexico			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Name change	
Reopening ☐	Casinghead Gas ☐ Condensate ☐		
Change in Ownership ☐			

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name Harrison	Well No. 1A	Well Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF-080313
Location Unit Letter D 810 Feet From The North Line and 895 Feet From The West				
Line of Section 31 Township 32N Range 10W N.M.P.M. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) Box 1899, Bloomfield, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Drill Spudded	Date Compl. Ready to Prod.		Total Depth		F.S.T.D.			
Drill Stem (DP, RSD, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			

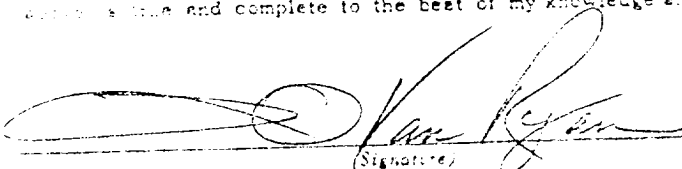
V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Text 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)

Time Elapsed New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, etc. lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbls.	Oil - Bbls.	Water - Bbls.	
Gravity of Oil	Length of Test	Bbls. Condensate (Wt. 50)	Gravity of Condensate
Flowing Pressure (Shut-in, 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 herein is true and complete to the best of my knowledge and belief.


(Signature)
District Production Manager
(Title)
January 1, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #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.