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SANTA FE	\vdash		
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LAND OFFICE	1		
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OPERATOR			
PRORATION OF			

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		\rightarrow	_		L CONSERV	ATION COL	MICCION			
	SANTA FE	\rightarrow		NEW MEXICO OU	ST FOR AL	I OWARI E	M19210M		brm C-104	
	FILE			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND	LUMABLE	•	31 F	upersedes Ol Efective 1-1-	d C-104 and C-
	U.S.G.S.		ALITHO	DIZATION TO T	MINU			-	******* [-]-	03
	LAND OFFICE		~0110	RIZATION TO T	RANSPOR	T OIL AND	NATURAL	GAS_		
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	OPERATOR									
1.	PRORATION OFFICE									-
	Operator									
	Southland Ro	yalty	Company							
	Address						·			
	Address P. O. Drawer	⁻ 570,	Farmington,	New Mexico	87499					
	0	 			0, 455					
	Reason(s) for filing (Chec.	k proper bo) z)			Other (Pleas	e explain)			
	New Well		Change in	Transporter of:						
	Recompletion	-	Cil		c []					
	Change in Ownership				Gas		_			
	and the same of th		Casinghead	Gas Cone	densate XX-	-Effecti	ve August	: 1, 1984	4	
	If change of ownership g	.								
	and address of previous	ive name				•				
	The second of provides	, w.i.e	**************************************							
11	DESCRIPTION OF WE	T 7 A 2/2								
	Legse Name	LL AND	LEASE Wall No it	3-1 3-1						
	Richardson			Pool Name, Including			Kind of Leas			Lease No.
			12A	Blanco Mesa	averde		State, Federa	dor Fee Fe	ederal	\$F-077651
	Location								aci ai	\$1-07703I
	Unit Letter	14	50	The South	, 1	450		F-~+		
	Onit Cetter	-	Feet From	The Journ L	_ine and	.430	Feet From	The East		
	Line of Section 15		2111		1017			<u> </u>		
	Line of Section 13	To	wnship 31N	Range 1	12W	, NMPM	, San	Juan		C
	•			···						County
III.	DESIGNATION OF TR	ANSPOR	TEP OF OUT A	ND NATTIDAL C	346					
	Name of Authorized Transp	orter of Oi	COR	densate XX	iAS	 				
	1			TAN STREET			to which appro			
	Giant Refini	ng Com	pany		P.O. 1	3ox 9156	, Phoenix	. Arizon	a 8506	ρ
	Name of Authorized Transp	orter of Co	singhead Gas	or Dry Gas	Address (Give address	o which appro	ed come of the	ie form in to	ha samel
	Southern Unio	on Gati	herina	777	1'					
			Unit Sec.	T 15	<u> </u>	Box 1899	Bloomf	<u>ield. Ne</u>	w Mexic	87413
	If well produces oil or liqui	ds,	ont , sec.	Twp. P.ge.	is gas act	ually connect	ed? Whe	n		
	dive location of tanks.		<u> </u>				1			
	If this production is comm	ingled wi	th that from any	athan lanna an an a						
IV.	If this production is comm COMPLETION DATA	THE TOTAL	ich that from any t	orner resse or boot	i, give comm	ingling order	. unmper:			
			100	Well Gas Well	New Well	101-3	7 2			
	Designate Type of (Completi	on – (X)		INSW MOTT	Workover	Deepen	Plug Back	Same Resh	. Diff. Res'v.
						!	1	!	f.	i
	Date Spudded		Date Compl. Rea	dy to Prod.	Total Dept	h		P.B.T.D.		
	Elevations (DF, RKB, RT,	CR etc	Name of Productr	Tormation	Top Oil/G					
		,, ,,		ig i ormation	100 007G	as bay		Tubing Depi	th	
	-		<u> </u>	····			_			
	Perforations							Depth Casin	og Shoe	
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	HOLE SIZE		CASING &	TUBING SIZE		DEPTH SE	T	SA	CKS CEME	NT
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	TEST DATA AND REQ		OR ALLOWABL		after recovery	of total volum	ne of load oil a	nd must be eq	jual to or exc	eed top allow-
	TEST DATA AND REQ OIL WELL Date First New Cil Run To		OR ALLOWABL	E (Test must be a able for this de	epth or be for	full 24 hours,			gual to or exc	reed top allow-
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	OIL WELL Date First New Oil Run To		Date of Test		Producing	full 24 hours, Method (Flow,		臣们	qual to or exc	reed top allowe
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Separate Forms C-104 must be filed for each pool in multiply completed wells.