tustimission NEW MEXICO OIL CONSERVATION COMMISSION SANTATE Superseder Old C-104 and C-110 REQUEST FOR ALLOWABLE FILE ALID U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL. TRAL PORTER GAS OPERATOR API 30-045-22838 PRORATION OFFICE Operator SOUTHLAND ROYALTY COMPANY Addiess P. O. Drawer 570, Farmington, New Mexico Reason(s) for liling (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas CII Change in Ownership Castnahead Gas Condensate If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Patterson "B" Com 1R Blanco Mesa Verde State, Federal or Fee State Location Unit Letter C 1170 Feet From The_ North Line and ___ 1830 Feet From The West 2 31N 12W Line of Section Township Range . NMPM. San Juan . 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. P. O. Box 108, Farmington, New Mexico Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) Southern Union Gathering Company P. O. Box 1899, Bloomfield, New Mexico Unit Sec. Is gas actually connected? When give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Workover Oil Well Gas Well New Well Plug Back Same Res'v. Diff. Res'v. Deepen Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 2-3-78 6-11-78 54441 54401 Top Oll/Gas Pay Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Tubing Depth 6319' Mesa Verde 5110' 54061 Depth Casing Shoe Perforations 5110' - 5422' 54421 TUBING, CASING, AND CEMENTING RECORD DEPTH SET HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 12-1/4" 9-5/8" 3201 110 sxs 8-3/4" 31131 240 sxs 6-1/4" 4-1/2" <mark>2954'-</mark>5442' 320 sxs 2-3/8" 54061 (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Cheke Size Casing Pressure Length of Test Tubing Pressure Gas - MCF Actual Prod. During Test Oll-Bbls. Water - Bbls. **ૡ**ૢ૽૽ૢૺઌ GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 3,422 3 hrs Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke State Testing Method (pitot, back pr.) 3/411 Back Pressure 548 psig OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE 13.4 MAR By Original Signed by A. R. Kendrick, 19 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.

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TITLE _

District Production Manager

July 12, 1978 (Date)

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This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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 Sactions 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