1.

1	DISTRIBUTION SANTA FE FILE		INSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. LAND OFFICE TRANSPORTER GAS	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL G	AS -	
_	OPE: OR PROR ON OFFICE			_	
1.	Southland Royalty Company				
	Address Company of the Company of th				
	P. O. Drawer 570, Farmington, New Mexico 87499 Reason(s) for filing (Check proper box) Other (Please exclaim)				
	New We!! Change in Transporter of: Recompletion Cil Dry Gas			EC 2 O 1982	
	Change in Ownership	Casinghead Gas Condens		TON DIV.	
	change of ownership give name DIST. 3				
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.				
	Rattlesnake Canyon	2 Blanco Mesaver	rde State, Federa	l or Fee FEE	
	Unit Letter F : 1800	Feet From The North Line	and 1550 Feet From 5	The West	
		nship 32N Range 8W	, NMPM, Sar	n Juan County	
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which appro-	ved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil Plateau, Inc.			E., Albuquerque, NM 87110 ved copy of this form is to be sent;	
	Name of Authorized Transporter of Casi El Paso Natural Ga		P.O. Box 990, Farmingto	4	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
IV.	If this production is commingled with COMPLETION DATA	that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	n – (X) X	X	P.B.T.D.	
	Date Spudded 7-20-82	Date Compl. Ready to Prod. 11–18–82	Total Depth 5984'	5901'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 5500 '	Tubing Depth 5842.91	
	6543 KB	riesaver de	3300	Depth Casing Shoe 5949 t	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE 9-5/8"	DEPTH SET	SACKS CEMENT 110 Sacks	
	12-1/4" 8-3/4"	7"	3724'	330 sacks	
	6-1/4"		3567'-5949'	330 sacks	
		2-3/8"	5842.91'	and must be equal to or exceed top allow-	
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) OIL WELL Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks	Date of Test		Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure		
	Actual Prod. During Test	Oll-Bbis.	Water - Bbls.	Gas - MCF	
	O A C MEDY T	CAS WEY 7			
	GAS WELL. Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	3013 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Back Pressure	1098	1121	3/4"	
V	L CERTIFICATE OF COMPLIANCE		OIL CONSERV	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		
	above is true and complete to the	: Deat of my knowledge and belief	TITLE		
	Secretary (Titio)		This form is to be filed in compliance with RULE 1104. If this is a request for sllowable 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.		
	Secretary				
	(Title) 12-16-82				
	12-10-02 (Date)		Il wall name or number, or transport	orter, or other such change of conditions	