Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

I.						AUTHORI	_				
Operator Southland Royalty Company							Well	API No.			
Address	npanu						!	<del></del> -			
P. O. Box 4289, Farm. Resear(s) for Filing (Check proper box)	ington.	NM 8	7499			na /Blassa smil	-:		<del></del>		
New Well		Change is	Тгалерс	enter of:		et (Please expi	aur)				
Recompletion	Oil		Dry Ge	_							
Change in Operator If change of operator give name	Caninghea	d Gas	Conde								
and address of previous operator	<del></del>	<del></del>					· · · · · · · · · · · · · · · · · · ·			<del></del>	
IL DESCRIPTION OF WELL . Lesse Name.	AND LEA		D1 37						<del></del>		
Vanderslice		<b>Well No.</b> 101	1		Ent Ra	 Sal Coal		of Lease Federal or Fee	SF-078		
Location =	<u></u>		I C P LUL	и шаал	_1/(AD()/	- Cour			1 31-0/6	Z.J.3A	
Unit Letter N	: 1	190	Feet Pr	om The <u>So</u>	uth Li	e and160	<u>0:0                                   </u>	et From The	West	Line	
Section 19 Township	3	2N	Range	10	W , N	MPM, Sau	ı Juan			County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	II. AN	D NATI	DAI GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Meridian Oil Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas X					P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Meridian Oil Inc.								aton. NM	-		
If well produces oil or liquids, zive location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actual	•	When		87477		
f this production is commingled with that f	rom any oth	er lease or	mool giv	e comminal	ing order num	her	1	<del></del>		<del></del>	
IV. COMPLETION DATA											
Designate Type of Completion	· (X)	Oil Well	(	Gas Well	New Well	Workover	Deepen	Plug Back   Sa	ume Res'v Di	ff Res'v	
Date Spudded	Date Comp	il. Ready to	Prod.	<del></del>	Total Depth	<u> </u>	<u>.                                    </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pav					
								Tubing Depth			
Perforations			-					Depth Casing S	Shoe		
	Т	UBING.	CASI	NG AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
			<del></del>				<del></del>				
V TECT DATA AND DEOLIE	T FOD A	LLOW	OLD.								
V. TEST DATA AND REQUES OIL WELL (Test must be after re				oil and must	be equal to or	exceed top allo	owable for this	depth or be for	f <u>ull</u> 24 hours.)		
Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ure		Checkze			
						······································		JUL31 1992			
Actual Prod. During Test Oil - Bbls.					Water - Bbis	•		"OIL CON. DIV			
GAS WELL							<del> </del>		DIST. 3		
Actual Prod. Test - MCF/D						sate/MMCF	e in industri	Gravity of Condensate			
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
reading transition (prior), teach pri-j			_,				•				
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE			ICEDV	ATION D	NICION		
I hereby certify that the rules and regula Division have been complied with and t					'	JIL CON	NOEHV	ע אטווא	14121014		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Date Approved JUL 3 1 1992					
Festie Kahwam					Sale Approved						
Signature Leslie Kahwajy	Produc	tion a	nal u	<u> </u>	∥ By_			1) C	· ·		
Prised Name Title						TitleSUPERVISOR DISTRICT #3					

## INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.