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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| Operator   |                  | TOTRA                    | ANSPORT (   | OIL AND NA        | ATURAL C                  |                 |                                       |                      |                   |  |  |
|--|------------------|--------------------------|---|-------------------|---------------------------|-----------------|---------------------------------------|----------------------|-------------------|--|--|
| Southland Royalty Company  |                  |                          |   |                   |                           |                 |                                       |                      |                   |  |  |
| PO Box 4289, Fa  | rmingt           | on, N                    | IM 3749   | 9                 |                           |                 |                                       |                      |                   |  |  |
| Resson(s) for Filing (Check proper box)  |                  |                          |   | Ot                | her (Please exp           | xain)           | <del></del>                           |                      | <del>-</del>      |  |  |
| New Well Recompletion  | 03               | Change in                | Transporter of:   | ਯ                 |                           |                 |                                       |                      |                   |  |  |
| Change in Operator   | Oil<br>Casinghes | ud Gas 🗆                 | Dry Gas   | 7                 |                           |                 |                                       |                      |                   |  |  |
| If change of operator give name  |                  |                          |   |                   | <del> </del>              | <del></del>     |                                       |                      |                   |  |  |
| and address of previous operator   |                  |                          |   |                   |                           |                 |                                       |                      | <del></del>       |  |  |
| IL DESCRIPTION OF WELL   | AND LE           |                          | Deat Name Jaco  | to dia a Farman   |                           |                 |                                       | <del></del>          |                   |  |  |
| Reese Mesa   |                  | 101                      | Pool Name, Inc.<br>Basin  | Fruitlan          | d Coal                    |                 | of Lease<br>, Federal or Fe           |                      | Lease No.<br>6892 |  |  |
| Location   | <del></del>      | <u> </u>                 | <del> </del>  |                   |                           | <u></u>         | · · · · · · · · · · · · · · · · · · · |                      |                   |  |  |
| Unit Letter P  | _:1              | 100                      | Feet From The   | South Li          | ne and <u>945</u>         | F               | eet From The                          | East                 | Line              |  |  |
| Section 13 Township  | . 32N            |                          | Range 08W   |                   | MPM. San                  | Juan            |                                       |                      |                   |  |  |
| ·  | - <b>-</b>       |                          |   |                   | INITIAL,                  |                 | <del></del>                           |                      | County            |  |  |
| III. DESIGNATION OF TRAN   | SPORTE           |                          |   |                   |                           |                 |                                       |                      |                   |  |  |
| Name or Authorized Transporter of Oil  Meridian Oil In-                                |                  | or Conden                | ence 🔆  |                   |                           |                 | copy of this fo                       |                      |                   |  |  |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas                            |                  |                          | PO Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent) |                   |                           |                 |                                       | 87499                |                   |  |  |
| Northwest Pipel  | ine              | <del></del>              |   | -                 |                           |                 |                                       | Farmington, NM 87401 |                   |  |  |
| : If well produces ou or liquids,<br>give location of tanks.                           | Unait            | Sec.                     | Twp.   R <sub>1</sub><br>32N   08V  | ge. Is gas actuai | iy connected?             | When            | ?                                     |                      | 07401             |  |  |
| If this production is commingled with that   |                  | 1                        |   |                   |                           | L               |                                       | ·                    |                   |  |  |
| IV. COMPLETION DATA  |                  |                          | ood, gave outside   | nging order man   |                           |                 |                                       |                      |                   |  |  |
| Designate Type of Completion   | - 00             | Oil Well                 | Gas Well  | New Well          | Workover                  | Deepen          | Plug Back                             | Same Res v           | Diff Res'v        |  |  |
| Date Spudded   | Date Comp        | Ready to                 | Prod  | Total Depth       | <u> </u>                  | <u> </u>        | P.B.T.D.                              |                      |                   |  |  |
|  |                  | ,                        | Noney to Flore  |                   |                           |                 |                                       |                      |                   |  |  |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Pr       | oducing For              | rmation   | Top Oil/Gas       | Pay                       |                 | Tubing Depti                          | n                    |                   |  |  |
| Perforations   | ·                |                          |   |                   | <del></del>               | <del></del>     | Depth Casing                          | Shar                 |                   |  |  |
|  |                  |                          |   |                   |                           |                 | Separ Casing                          | Silve                |                   |  |  |
|  |                  |                          |   |                   | CEMENTING RECORD          |                 |                                       |                      |                   |  |  |
| HOLE SIZE  | CAS              | CASING & TUBING SIZE     |   |                   | DEPTH SET                 |                 |                                       | SACKS CEMENT         |                   |  |  |
|  |                  |                          |   |                   |                           |                 | <del></del>                           |                      |                   |  |  |
|  |                  |                          |   |                   |                           |                 | <del></del>                           |                      |                   |  |  |
| V. TEST DATA AND REQUES  | TEODA            | LLOWA                    | DI C  |                   |                           |                 |                                       |                      |                   |  |  |
| OIL WELL Test must be after re   |                  |                          |   | at he equal to or | exceed ton all            | numble for this | e dansk og ha fo                      | = 6.11.24 hau        | I                 |  |  |
| Date First New Oil Run To Tank   | Date of Test     |                          | , 1000 00 0745 774  |                   | thod (Flow, pu            |                 |                                       | r ) 1411 24 NOE      | <b>P3.</b> )      |  |  |
| Language of Tana   |                  |                          |   |                   |                           |                 | _D 5                                  | CE                   | VER               |  |  |
| Length of Test Tubing Pressure   |                  |                          |   | Casing Pressure   |                           |                 | Choresize                             | G 234 ;              | , v :5            |  |  |
| Actual Prod. During Test   | Oil - Bbls.      |                          |   | Water - Bbis.     | Water - Bbis.             |                 |                                       | UNO2                 | ाप्रव             |  |  |
|  |                  |                          |   |                   |                           |                 |                                       |                      |                   |  |  |
| GAS WELL   |                  |                          |   |                   |                           |                 | OIL                                   | CON                  | . DIV             |  |  |
| Actual Prod. Test - MCF/D  | Length of Test   |                          |   | Bbls. Conden      | Bbis. Condensate/MMCF     |                 |                                       | allied.              | 3                 |  |  |
| Setting Method (pilot, back pr.)   | Tubing Pres      | ubing Pressure (Shut-in) |   |                   | Casing Pressure (Shut-in) |                 |                                       |                      |                   |  |  |
|  |                  |                          |   |                   |                           |                 |                                       | ,                    |                   |  |  |
| VI. OPERATOR CERTIFICA   | ATE OF           | COMPL                    | LANCE   |                   |                           |                 |                                       |                      |                   |  |  |
| I hereby certify that the rules and regula<br>Division have been complied with and the | tions of the C   | di Conserva              | ition   |                   | DIL CON                   | SERVA           | ATION E                               | DIVISIO              | N                 |  |  |
| is true and complete to the best of my in  | nowledge and     | belief.                  | above   | Data              | <b>A</b> = = =            |                 |                                       |                      |                   |  |  |
| See Re   |                  |                          |   | Date              | Approved                  | 3 <u> </u>      | M 02 19                               | 00                   |                   |  |  |
| Jeggy Villa full   |                  |                          |   | By_               |                           | 96              | 751 WU PH<br>A                        | ~                    |                   |  |  |
| Peggy Bradfield Regulatory Affairs   |                  |                          |   |                   |                           | Buil ?          | . Cha                                 | <del>-</del>         |                   |  |  |
| Printed Name<br>06-01-89   | 32 <i>6</i>      | -9727                    | Title   | Title             | s                         | UPERVIS         | ION DIST                              | RICT #               | 3                 |  |  |
| Date   | 320.             |                          | nome No.  |                   | _                         |                 | ·                                     |                      |                   |  |  |
|  |                  | •                        |   | 11                |                           |                 |                                       |                      |                   |  |  |

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.