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

Form C-164
Review 1-1-89
See instructions
14 Reliess of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

Salia Fe, New Mexico 6/304-2088

I.			L AND NATURAL G				
Operator Southland Roya	Well API No.						
Address PO Box 4289, I		1 27100		·		<del></del>	<del></del> _
Resson(s) for Filing (Check proper		1 27499	(Mar. 18)				
New Wall	_	Transporter of:	Other (Please exp	Xaur.)			
Recompletion	Oil	Dry Gas					
Change in Operator	Caninghead Gas	Condenses [					
f change of operator give name and address of previous operator							
L DESCRIPTION OF W	ELL AND LEASE						<del></del>
Lesse Name Primo Mudge	Mell HO	Codar Hi	ing Formation 11 Ft. Basal		of Lease	SE-0	78039A
Location		•				151-0	70039 <u>R</u>
Unit Letter N	: 1120	Feet From The	outh Line and1	450 ——— F	eet From The _	West	Line
Section 24 To	waship 32N	Range 11W	, NMPM,	San Ju	ıan		County
II. DESIGNATION OF T	RANSPORTER OF O	IL AND NATU	RAL GAS				
Name of Authorized Transporter of Meridian Oil I	Oil or Conder		Address (Give address to w				m)
ame of Authorized Transporter of Casinghead Gas or Dry Gas X			PO Box 4289, Farmington, NM 8749  Address (Give address to which approved copy of this form is to be sent)			7499	
El Paso Natura		or Dry Gas 1_X	PO Box 4990	<i>nich approved</i> Farm	ington	m is io be se NM 8'	m) 7499
f well produces oil or liquids, ive location of tanks,	Unit Sec.		is gas actually connected?	When		1111 0	
this production is commingled with	N 24	32N   11W				<del>-</del>	
V. COMPLETION DATA		process gave occurrently	ing other matheer.	<u></u>			
Designate Type of Comple	etion - (X)	Gas Weil	New Well   Workover   X	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compi. Ready to		Total Depth	_L	P.B.T.D.		
06-03-89	06-28-	89	3110'		1.3.1.5.		
Levanons (DF. RKB, RT, GR, etc.)	Name of Producing Fo		Top Oil/Gas Pay		Tubing Depth		
6344'GL Fruitland Coal		2863					
	edrilled line	r)			Depth Casing	Shoe	
	TUBING.	CASING AND	CEMENTING RECOR	SD.		_	
HOLE SIZE	CASING & TU	BING SIZE	DEPTH SET	·		ACKS CEME	NT
8 3/4"	9 5/8"	<del></del>	244'	·	173	cu.f	
6 1/4"	5 1/2"		2860' 3109'	<del></del>	899 did no	cu.f	<u>t.</u>
0 1/4	2 7/8"		3075'		ulu iid	ot cmt	
. TEST DATA AND REQ	<b>UEST FOR ALLOWA</b>						<del></del>
IL WELL Test must be a cate First New Oil Run To Tank	Date of Test	of load oil and must	be equal to or exceed top all. Producing Method (Flow, pr			r full 24 hour.	F.)
ALL THE TWO OIL ROLL TO TAME	Date of 162		Producing Method (Flow, pr	ump, gas iyi, e	ic.)		
ength of Test	Tubing Pressure		Casing Pressure	· · · · · ·	Choke Size		
					المراجعة المراجعة		
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF		199
GAS WELL		* * *			Cil	CON.	DIV
Actual Prod. Test - MCF/D	Langth of Test	Langth of Test			Gravity of Coad 151. 3		
sting Method (puot, back pr.)	Tubing Pressure (Shut-	<b>m</b> )	Casing Pressure (Shut-in)		Choke Size		
backpressure	SI 1146		SI 1166				
L OPERATOR CERTI			OIL CON	ISERV	אדוראו ר	אואופיט	NI
I hereby certify that the rules and a Division have been compiled with	regulations of the Oil Conserv	etica a above					1.4
is true and complete to the tree of	my knowledge and belief:		Deta Annon			1000	
Last 4		2	Date Approve	a	.ε <b>γ</b> (ξ <sub>20</sub> ) -		
Mayx Shadfuld			By Original Signed by FRANK T. CHAVEZ				
	, Regulatory		Uy		<del></del>		
Printed Name 7-12-89		Title	Title	Supei	RVISOR DISTPIC	不順重	
Date	326-9727 Teles	bone No.		<u>-</u>		· · ·	

## 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.