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.C. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS															
										Pl No.					
Southland Royalty Com	pany														
P. O. Box 4289, Farmi	ngton,	NM 87	7499												
Reason(s) for Filing (Check proper box) New Well		O i-	Т			Other (F	lease exp	plain)							
Recompletion	Oil	Change in	Dry G			Effec	tive	11/2	0/91						
Change in Operator	Casinghead	i Gas 🗌	Conde	_					· · ·						
If change of operator give name and address of previous operator															
II. DESCRIPTION OF WELL	AND LEA	SE													
Lease Name	Well No. Pool Name, include				-				Kind of Lease State, Federal or Fee			Lease No.			
Harper Com		100	Bas	in Fru	itland	Coal			State,	rederal or i		SF-07	7652		
Unit Letter G	19	15 :	Feet F	rom The	North	Line and	1	.625	Fe	et From The	:	East	L	ine	
Section 14 Township	311	V	Range		12W	, NMPM	t , S	San Ju	uan				County	v	
III DECICNATION OF TRAN	CDODEE	D OE O	FY 4 N	D DIA CONT	D 4 I G		•								
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIE	or Conden					dress 10 1	which app	proved	copy of this	form	is to be se	RE)		
Meridian Oil Inc.						P. O. Box 4289 Farming									
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved					copy of this form is to be sent)				
Sunterra Gas Gathering If well produces oil or liquids, give location of tanks.	g Compa Unit	Sec.	Twp.	Rge.	Is gas act				Omf i When	eld, N	М	87413			
If this production is commingled with that f	from any other	er lease or i	pool, gi	ve comming	ling order r	umber:							***		
IV. COMPLETION DATA															
Designate Type of Completion	- (X)	Oil Well		Gas Well	New W	'ell W	orkover	Dec	epen	Plug Back	: Sa	me Res'v	Diff Res	S'V	
Date Spudded Date Compi. Ready to Proc					Total Depth					P.B.T.D.			-		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay					Tubing Depth				
Perforations										Depth Cas	ing S	hoe			
		UDDIC	CAST	NC AND	CEVE	TTD IC	DECO			<u> </u>					
HOLE SIZE	CAS	CEMENTING RECORD DEPTH SET					SACKS CEMENT								
										-					
															
V. TEST DATA AND REQUES															
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, et						rul 24 nou	2.7	3 11	
										IK	ت ا	U La b	N 6		
Length of Test	Test Tubing Pressure					Casing Pressure					NOV1 9 1991,				
Actual Prod. During Test	Oil - Bbls.				Water - E	Water - Bbls.					GE-MOIL CON. DIV				
GAS WELL										1		DIST.			
Actual Prod. Test - MCF/D	Length of 1	est		.,	Bbls. Cos	den mie/	MMCF			Gravity of	Con	densate			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)					Choke Size					
					ļ										
VL OPERATOR CERTIFIC				NCE		OIL	CO	NSE	RV	ATION	D	IVISIC	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above															
is true and complete to the best of my knowledge and belief.						Date Approved					NOV 1 9 1991				
Jeslie Karwafy						By									
Signature Leslie Kahwajy Production Abalyst Printed Name Title						Title CUPTAVISOR DISTRICT #8									
11/19/91 Date	505-	326-97	700 phone i	No.	11	rie							<u> </u>		
		1.000		~ .	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.