Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1960, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					Well /	API No.			
Southland Royalty Co	ompany								
Address			-		•				
P. O. Box 4289, Farm	nington, NM 8	7499	.=	_					
Reason(s) for Filing (Check proper box			Other (lease explain	ı)				
New Well		Transporter of:							
Recompletion	Oii _	Dry Gas 🐰	Effe	ctive 1	1/20/9:	Ĺ			
Change in Operator	Casinghead Gas	Condensate			.		·		
If change of operator give name and address of previous operator									
•									
IL DESCRIPTION OF WELL		Pool Name, Include	- E		Vind.	Y Lease		M-	
7	1	1 1		itland Coal			SF-77648		
<u>Davis</u> Location	1 303	Das III I I u	iciana coa	· · · · · · · · · · · · · · · · · · ·		Federal or Fee	31 - 7	7040	
<u></u>	. 2500	1	North Line an	. 154	5 _		East		
Unit Letter U	::	Feet From The	Line an	d	Fe	et From The		Line	
Section 12 Towns	ship 31N	Range	12W , NMP	A. San	Juan			County	
			1.000	<u> </u>			V		
III. DESIGNATION OF TRA	NSPORTER OF O	IL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)									
Meridian Oil Inc. P. O. Box 4289, Farmington, NM 87499									
Name of Authorized Transporter of Cas		or Dry Gas	Address (Give ad	ldress to whic	k approved	copy of this form	is to be se	nt)	
Sunterra Gas Gatheri	- 4					ield, NM	87413		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected? Whe			в?			
<u> </u>			<u> </u>						
If this production is commingled with th IV. COMPLETION DATA	at from any other lease or	pool, give commings	ing order number:						
IV. COMILETION DATA	Oil Wel	Gas Well	New Well W	orkover	Deepen	Piug Back Sa	- Dach	Diff Res'v	
Designate Type of Completic		l Gas well	l new went i	OLLOVEI	Dochen	Flug Back Sa	THE VET A	Dut Kes v	
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth	<u>L</u>		P.B.T.D.		L	
•			-						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation	Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing S	hoe				
							. <u> </u>		
		CEMENTING RECORD			3=:				
HOLE SIZE	CASING & T	UBING SIZE	DEPTH SET			SACKS CEMENT			
		·							
		· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQU	FST FOR ALLOW	ARLE				<u>l.</u>			
-	er recovery of total volume		he equal to or exc	eed too allow	able for this	depth or he for	full 24 hou		
Date First New Oil Run To Tank	Date of Test	9,10200000000000000000000000000000000000	Producing Metho				- 5	N F In	
	3								
Length of Test Tubing Pressure			Casing Pressure	····	Classics	01	001		
_					NOV1 9 1991				
Actual Prod. During Test Oil - Bbls.			Water - Bbis.			OIL CON. DIV			
						OIL '			
GAS WELL							DIST.	3	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate	/MMCF	~	Gravity of Con	densate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	t-in)	Casing Pressure	(Shut-in)		Choke Size	·		
						<u> </u>			
VL OPERATOR CERTIF	CATE OF COM	PLIANCE							
I hereby certify that the rules and re-				L CON	SERV	ATION D	IVISIC	N	
Division have been complied with and that the information given above									
is true and complete to the best of my knowledge and belief.			Date A	poroved		10V191	104		
\mathcal{L}_{0} $\wedge 1$:		, ,		* ***					
CHURCH	T JUSUUL	17	Bv			1	A		
Signature Leslie Kahwajy Production Avalyst			By						
Printed Name		Title	Title		di sen	V (0.014 <u>.1</u> 45)		#3	
11/19/91	505-326-9		1100_		أثيث ورجوري	9 19 19 19 19 19 19 19 19 19 19 19 19 19			
Date	Tel	ephone No.							

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.

