DISTROBUTION NEW HEXICO OIL CONSERVATION COMMISSION . 5АНТА ГД REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AHD U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL 1. TRAC PORTER 1. OPTRATOR PRORATION OFFICE Cherator Southland Royalty Company Address P. O. Drawer 570, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) [X]New Well Recompletion CII Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Leose No. Hubbard State, Federal or Fee 3A Blanco Mesa Verde Fee Location 1700 Feet From The North Line and 820 Unit Letter West Feet From The 15 Line of Section Township 32N Range 12W , NMPM, San Juan County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. P. O. Box 108, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas 💥 Southern Union Gathering Company P. O. Box 1899, Bloomfield, New Mexico P.ge. Twp. Is gas actually connected? If well produces oil or liquids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Workever Deepen Oil Well Gas Well New Well Plug Back | Same Resty, Diff. Resty, Designate Type of Completion - (X) X Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. 5-9-78 <u>6-15-78</u> 51771 5046! Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth 6150' GR <u>Mesa Verde</u> 4761' 49821 Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 12-1/4" 9-5/8'' 7'' 110 sacks 2241 8-3/4" 27091 245 sacks 6-1/4" 4-1/2" 2560'-5171' 275 sacks 2-3/811 49821 TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Choke Size Length of Teat Tubing Pressure Casing Pressure Water - Bble. Gas - MCF Actual Pred. During Test Oil - Bbls. GAS WELL Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test 9,018 3 Hrs. Testing Method (pitot, back pr.) Casing Prensure (Shut-in) Tubing Pressure (Shut-in) Choke Size 3/4" Back Pressure 982 psig **1017** psig CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 1973 1111 APPROVED. I hereby certify that the rules and regulations of the Oil Conservation By Original Signed by A. R. Kendrick Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. TITLE _____

(Signature) District Production Manager

(Title)

(Date)

7-10-78

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-

able on new and recompleted wells. Fill out only Sections I. II, III, and VI for changes of owner,

well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.