## MI OF CORDER MESSAGE 1-151-0100011-1000 NEW MEXICO OIL CONSERVATION COMMISSION Dorm C-104 SAMEA ET. REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1: Effective 1-1-65 F 11.3 AHD U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRAL PORTER OPERATOR PRORATION OFFICE Crerator Southland Royalty Company P. O. Drawer 570, Farmignton, New Mexico 87499 Reason(s) for filing (Check proper box) Other (Please explain) New Well $\mathbf{X}$ X Recompletion Cil Dry Gas Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE (ell No.: Pool Name, including Formation Kind of Lease Legse No. Moore 1E State, Federal or Fee Basin Dakota FEE Location : 1620 Feet From The South Line and 1555 East Unit Letter Feet From The Line of Section 35 San Juan Township 32N Range 12W , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | or Condensate | Authorized Transporter of Oil | | Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 4775 Indian School Rd, NE, Albuquerque, NM 87110 Plateau, Inc. or Dry Gas XX Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 0. Box 1899, Bloomfield, New Mexico Southern Union Gathering When Sec. is gas actually connected? If well produces oil or liquids, give location of tanks. Nο If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Plug Back Oil Weil Same Resty. Diff. Resty Designate Type of Completion - (X) Χ Date Spuaded Date Compl. Ready to Prod. Total Depth P.B.T.D. 7620' 10-17-83 4-24-84 7571' Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Cll/Gas Pay Tubing Depth 7512' Depth Casing Shoe 6350' GL Dakota 73821 Perforations 7382'-7520' 7620' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 12-1/4" 9-5/8" 2211 <u>147 cu.ft.</u> 584 cu.ft. 5099 (2 Stages 8-3/4" 470 cu.ft 6-1/4" 4-1/2" 4963' - 7620 2-3/8" 75121 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Cil Run To Tonks Choke Size Length of Test Tubing Pressure Casing Pressure Gas - MCF Water - Bble. Actual Prod. During Test CIL - Bbla.

GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate		
689	3 hours				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Back Pressure	1004	1114	3/4"		

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Cother & Gregor	
(Signature)	
Secretary	
(Title)	

5-17-84

(Date)

OIL CONSERVATION COMMISSION

MAY 21 1934 APPROVED. Original Signed by FRANK T. CHAVEZ ĦΥ STIPFRVISOR DISTRICT # 3 TITLE .

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 allowable 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.