| ~ == | المعتبات مقدوم وم المنصف والمراوضين مجدومين والأستوار المار معد فطاره | | | | | | |
|------|--|--|--|--|------------------------------------|------------|--|
| | UISTRIBUTION SANTA FE | CONSERVATION COMM FOR ALLOWABLE AND | HISSION | Form C-104 Supersedes Old Effective 1-1-65 | C-104 and C-11 | | |
| | U.S.G.S. | ANSPORT OIL AND | NATURAL G | AS (| | | |
| | TRANSPORTER OIL GAS | | | 7 | | | |
| î. | OPERATOR PROPATION OFFICE | | | | | | |
| | Southland Royalty Company | | | | | | |
| | | | 87499 | | | D. m | |
| | Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership | Change in Transporter of: Oil Dry Ga Casinghead Gas Conder | 77 | s explain) | 1-01 10 1384 | | |
| | If change of ownership give name and address of previous owner | | | | | | |
| II. | DESCRIPTION OF WELL AND LEASE | | | | | | |
| | Lease Name Hawk Federal Well No. Pool Name, Including Fig. 19 Gavilan Manc | | i i | | or Fee FEE | | |
| | Unit Letter C: 910 Feet From The North Line and 1840 Feet From The West | | | | | | |
| | Line of Section 35 Tov | waship 25N Range | 2W , NMPM | , Rio A | rriba | County | |
| III. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | S Address (Give address | to which approv | ed copy of this form is to | be sent) | |
| | Giant Refining Com | P. O. Box 9156, Phoenix, Arizona 85068 Address (Give address to which approved copy of this form is to be sent) | | | | | |
| | Name of Authorized Transporter of Cas Northwest Pipeline | P. O. Box 90, Farmington, New Mexico 87999 | | | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. P.ge. | Is gas actually connected NO | | | | |
| | If this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | |
| IV. | Designate Type of Completion - (X) | | New Well Workover Deepen | | Plug Back Same Restv. Diff. Restv. | | |
| | Date Spudded 1-30-84 | Date Compl. Ready to Prod. 3-25-84 | Total Depth 8160 | | P.B.T.D. 8116' | ! | |
| | Elevations (DF, RKB, RT, GR, etc.) 7319 GL | Name of Producing Formation Mancos | Top Oil/Gas Pay 6766' | | Tubing Depth 7453.63 | ı | |
| | Perforations | | owon Mancos) | | Depth Casing Shoe 8160' | | |
| | 6766'-7039' (Upper | | CEMENTING RECORD | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | 335' | ET | SACKS CEME 318.6 cu.ft. (| 270 sxs) | |
| | 12-1/4" 7-7/8" | 9-5/8" 5-1/2" | 8160' | 3 Stages | | 300 sxs) | |
| | | 2-3/8" | 7453.63' | | | | |
| | TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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) | | | | | | |
| | Date First New Cil Run To Tanks 4-25-84 | Date of Test 5-06-84 | Producing Method (Flow, pump, gas lift Flowing | | , etc.) | | |
| | Length of Test 24 hrs | Tubing Pressure FTP 90# | Casing Pressure | | | Choke Size | |
| | Actual Pred. During Test | Oil-Bbis. | Water-Bbls. | | Gas-MCF | | |
| | 2447/1 | 215 | 17 | | 526 - | | |
| | GAS WELL | Length of Test | Bbls. Condensate/MMC | | Gravity of Condensate | | |
| | Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) | . Tubing Pressure (Shut-in) | Casing Pressure (Shut | | Chore Size | | |
| | | | | | TION 001 1101 | | |
| ¥7. | . CERTIFICATE OF COMPLIANCE | | OIL (| | TON COMMISSION O 1964 | 9 | |
| | 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. | | BY Original Staned by FRANK T CHAVEZ | | | | |
| | | SUPERVISOR DISTRICT # 3 | | | | | |

TITLE .

Secretary

May 7, 1984

(Title)

(Date)

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.