

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OPERATOR	
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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EEB 2 4 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.  
DIST. 3

I.

Operator	Southland Royalty Company	
Address	P. O. Drawer 570, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Oil	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Medio Canyon	8	West Lindrith Gallup-Dakota	State, Federal or Fee Federal	Jic Con 416
Location				
Unit Letter	C	980 Feet From The North Line and 1950 Feet From The West		
Line of Section	25	Township 24N	Range 4W	NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Giant Refining Company	P. O. Box 9156, Phoenix, Arizona 85068					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rqs.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Shirley L. Wilson  
(Signature)  
Secretary  
(Title)  
2-21-86  
(Date)

OIL CONSERVATION DIVISION  
FEB 24 1986

APPROVED \_\_\_\_\_  
Original Signed by CHARLES GHOLSON  
BY \_\_\_\_\_  
DEPUTY OIL & GAS INSPECTOR, DIST. #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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded 6-8-85	Date Compl. Ready to Prod. 10-8-85		Total Depth 7550'		P.B.T.D. 7517'				
Elevations (DF, RKB, RT, GR, etc.) 7100'	Name of Producing Formation West Lindrith Glp/Dk		Top Oil/Gas Pay		Tubing Depth				
Perforations 6186'-7391'					Depth Casing Shoe				
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		222'		140 Class B				
	4-1/2"		7549'		1082 Class B & H				
	2-3/8"		6259'						

#### V. 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)

Date First New Oil Run To Tanks 11-6-85		Date of Test 11-8-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 108	Casing Pressure 762	Choke Size 1-1/4"	
Actual Prod. During Test	Oil - Bbls. 225	Water - Bbls. 59	Gas - MCF 700	

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (shot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size