

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

JAN 16 1986

OIL CON. DIV. 1
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hill Federal	Well No. 3	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Free Federal	Lease No. NM-03991
Location				
Unit Letter D	790	Feet From The North	Line and 790	Feet From The West
Line of Section 36	Township 25N	Range 2W	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 type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36	Twp. 25N	Rge. 2W	Is gas actually connected? No	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.

Arthur J. Grejese
(Signature)

Secretary

(Title)

1-15-86

(Date)

OIL CONSERVATION DIVISION

JAN 16 1986

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

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 Resrv.	Diff. Resrv.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
9-17-85	10-28-85		8100'		8056'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
7378' GL	Mancos		6844'		6820'				
Perforations						Depth Casing Shoe			
6844'-7136' (Upper Mancos) and 7172'-7533' (Lower Mancos)						8099'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8", 68#, N-80		388'		543 cu.ft.-Circ to surf				
7-7/8"	5-1/2", 17#, N-80 & K-55		8099'		3 Stge		1999 cu.ft.-Good Circ		
	2-7/8", 6.5#, J-55		6820'						

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)

OIL WELL	
Date First New Oil Run To Tanks	Date of Test
1-9-86	1-9-86
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
24 Hours	Flow
Actual Prod. During Test	Tubing Pressure
GOR 1626/1	63
	Casing Pressure

	Choke Size
	3/4"
	Water - Shls.
	7
	Gas - MCF
	309

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Shls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size