

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 17 1986

I. 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:	Other (Please explain)
<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	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hill Federal	Well No. 2Y	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Federal	Lease No. NM-03991
Location				
Unit Letter G	1710	Feet From The North	Line and 1760	Feet From The East
Line of Section 25	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"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) 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 G
	Sec. 25
	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. Grayson
(Signature)

Secretary

(Title)

1-16-86

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1986

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 Rec'y.	Diff. Rec'y.
		X		X					
Date Spudded 8-26-85	Date Compl. Ready to Prod. 10-23-85	Total Depth 8225'		P.B.T.D. 8168'					
Elevations (DF, RKB, RT, GR, etc.) 7453' GL	Name of Producing Formation Mancos	Top Oil/Gas Pay 6948'		Tubing Depth 6869'					
Perforations 6948'-7211' (Upper Mancos); 7243'-7626' (Lower Mancos)				Depth Casing Shoe 8214'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8", 68#, K-55		393'		649 cu.ft. - Circ to surf				
7-7/8"	5-1/2", 17#, N-80 & 15.5#, K-55		8214'		3 Stgs:		1590 cu.ft. - Good circ		
	2-7/8", 6.5#, J-55		6869'						

V. 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 Oil Run To Tanks 11-05-85	Date of Test 1-10-86	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs	Tubing Pressure 115	Casing Pressure 354	Choke Size 3/4"
Actual Prod. During Test GOR 3948/1	Oil - Bbls. 174	Water - Bbls. 9.90	Gas - MCF 687

GAS WELL

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