

U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

API 30-039-21832

Operator
Southland Royalty Company

Address
P. O. Drawer 570, Farmington, New Mexico

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 101	Well No. #7	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Jic 101	Lease No.
Location Unit Letter <u>P</u> ; <u>1050</u> Feet From The <u>South</u> Line and <u>1180</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>26N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) Box 1899, Bloomfield, New Mexico
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pge.	Is gas actually connected? When No

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-14-78	Date Compl. Ready to Prod. 1-08-79		Total Depth 8024'		P.B.T.D. 8024'			
Elevations (DF, RKB, RT, GR, etc.) 6914' GR	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 5781'		Tubing Depth 6029'			
Perforations 5781'-5972'					Depth Casing Shoe 8007'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	237'	140 SXS
9-7/8"	7-5/8"	3920'	430 SXS
6-3/4"	5-1/2"	3774'-8007'	415 SXS
	1-1/2"	6029'	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1,481	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 884 psig	Casing Pressure (shut-in) 884 psig	Choke Size 3/4" OIL COMP. CO. DIST. 3

I. 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.

(Signature)

District Production Manager

(Title)

January 24, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 14 1979

BY Original Signed by A. R. Kendrick

SUPERVISOR 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.