

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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

MAY 27 1986

RECEIVED
OIL CONSERVATION DIV.

I.

Operator Southland Royalty Company		
Address P. O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
☐ New Well	☐ Change in Transporter oil:	
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinthead Gas	☒ Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease name Newman C	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee	Lease SF 065546A
Location				
Unit Letter B	910	Feet From The North	Line and 1650	Feet From The East
Line of Section 30	Township 28N	Range 10W	N.M.P.M.	San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 1599, Aztec, NM 87410
Name of Authorized Transporter of Casinthead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering Co.	P. O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge. B 30 28N 10W
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.



(Signature)
Drilling Clerk

(Title)
6-1-86

(Date)

OIL CONSERVATION DIVISION

APPROVED 1986 MAY 27 1986
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of conc

Separate Forms C-104 must be filed for each pool in mu completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Reev.	Oil
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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 to able for this depth or be for full 24 hours)

Date First New Oil Run To Tank	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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size