	and the residence of the second	• ;		
	in the second of			
			CONSTRUCTOR COMMISSION	Form C-194 Supersedes Old C-104 and 7. 17
	- ** *** ***	A SECOL.	A FOR ALLOWABLE	Supersears (710 C,-1144 and 1.77 Effective (+1-65
	F-11 1	-	AHD	
	0.s.g.s.	- AUTHORIZATION TO T	PAHSPORT OIL AND NATURAL	_ GAS
	LAND OFFICE			
	TRAL PORTER - GAS			
	OPERATOR 1707			
	PRORATION OFFICE		·	
1.	Sperator		,	
	Southland Royalty Co	ompany		<i>•</i>
	Address			
	P. O. Drawer 570, Farmington, New Mexico 87499			
	Reason(s) for filing (Check proper ba	x)	Other (Please explain)	
	New Well	Change in Transporter of:	_	
	Recompletion A		Gas	* · · · · · · · · · · · · · · · · · · ·
	Change in Ownership	Casinghead Gas Con	densate []	<u></u>
	If change of ownership give name			The state of the s
	and address of previous owner			
		15.65		
11.	DESCRIPTION OF WELL AND	Well No.; Pool Name, Including	Formation Kind of Le	ase Lease No.
	McClanahan	19E Otero Chacra	State, Fed	eral or Fee Federal \$F-080781
	Location	122 1000.0 0		
	E 179	95 Feet From The North	Line and 845 Feet Fro	_{m The} West
	Unit Letter : :	ree(r:om rive	214 did / cct : 10	
	Line of Section 14 To	ownship 28N Range	10W , NMPM, Sa	an Juan County
11.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	GAS	
	Name of Authorized Transporter of Or	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)
	Name or Authorized Transporter of Co			proved copy of this form is to be sent)
	Southern Union Gathe			ield, New Mexico 87413
	If well produces oil or graids,	Unit Sec. Twp. Age.	No	Wifeli
	give location of tanks.			
	f this production is commingled with that from any other lease or pool, give commingling order number:			
٠.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
	Designate Type of Completi	on $= (X)$ χ	X	
	Date Spuided	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	2-07-80	5-22-84	6595'	6549'
	Elevations (DF, RKE, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	5784' GL	Chacra	2912'	3025.99'
	Perforations			Depth Casing Shoe
	2912'-3042'			6595'
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE S.ZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12-/14"	8-5/8"	234'	140 sacks
	7-7/8"	5-1/2"	6595'	625 sacks
		1-1/2"	3025.99'	Packer set @ 4506.99'
		<u>:</u>		
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 denth or be for full 24 hours)			
	OII, WELL Date First New Cli Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	246 / 110 110 CM (21 1211 12 1211 12			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	wengin di reat		!	
	Actual Prod. During Test	C11 - Bp:s.	Water - Bbis.	Gd# - MCF
	The state of the s			
	GAS WELL			
	Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	1525	3 hours		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Back Pressure	978	980	3/4"
Ţ	CERTIFICATE OF COMPLIAN			VATION COMMISSION
1.	CENTIFICATE OF COMEDIA.	· 	# 7-77-84 un	1 7 1084
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVEDJUL	
	Commission have been complied	with and that the information give	on II Ocioinal Signa	d by FRANK T. CHAVEZ
	above is true and complete to th	e best of my knowledge and belie	f. BY Original signs	
			11	SUPERVISOR DISTRICT # 3

Secretary

June 15, 1984

(Title)

(Date)

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 walls.