| NO. OF COPIES REC | 15 | | |
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| DISTRIBUTIO | | 1 | |
| SANTA FE | 1 | | |
| FILE | 1 | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANTPORTER | OIL | 1 | |
| | GAS | | |
| OPERATOR | | \coprod | |
| PRORATION OF | | | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

| SANTA FE | | REQUEST | REQUEST FOR ALLOWABLE AND | | |
|--|---|---|-----------------------------|----------------------------------|--|
| FILE U.S.G.S. | AUT | HORIZATION TO TRA | Effective 1-1-65 | | |
| LAND OFFICE | | 110 (12/11/01/10 17/10 | | or broke or | |
| TRANSPORTER GAS | | | | | |
| OPERATOR . | | | | API 30- | 045-22110 |
| PROPATION OFFICE Operator | | | | | |
| Southland Royalty (| Company | | | | |
| P. O. Drawer 570, F | armingtor | n, New Mexico | | | |
| Reason(s) for filing (Check proper b | | | Other (Pleas | e explain) | |
| New Well Recompletion | Change | e in Transporter of: Dry Ga | ıs 🔲 | | ì |
| Change in Ownership | Casing | head Gas Conder | isate | | |
| If change of ownership give name and address of previous owner | | | | | |
| II. DESCRIPTION OF WELL AND | D LEASE | o. Pool Name, Including F | ormation | Kind of Lease | Lease No. |
| Childers | 1A | Blanco Pictu | | State, Federal c | an anaah. |
| Location P 79 |)() Feet ! | From The South Lin | 1070 | Feet From Th | East |
| 1 | • | 21 N | 1 1 W | San Ius | an |
| Line of Section 1 7 | ownship ` | Range | , NMPM | , | County |
| Name of Authorized Transporter of C | RTER OF O | L AND NATURAL GA | Aidress (Give address | to which approve | d copy of this form is to be sent) |
| | | | | | |
| Name of Authorized Transporter of C | Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved Southern Union Gathering Company P. O. Box 1899, Bloomf | | | | |
| | Unit Sec. Twp. Age. Is gas actually connected? When | | | | |
| If well produces oil or liquids, give location of tanks. | i (| 1 | No | | |
| If this production is commingled v. COMPLETION DATA | with that from | any other lease or pool, | give commingling orde | r number: | |
| Designate Type of Comple | tion - (X) | Oil Well Gas Well | New Well Workover X (DUAL) | Deepen | Plug Back Same Res'v. Diff. Res'v. |
| Date Spudded | | I. Ready to Prod. | Total Depth | | P.B.T.D. |
| 8-15-76 | | 8-22-76 oducing Formation | 5390' Top Oil/Gas Pay | | 5389 Tubing Depth |
| Elevations (DF, RKB, RT, GR, etc. 6050' GR | ′ I | red Cliffs | 2817' | | 2798' |
| Perforations | 1 01:55 | | | | Depth Casing Shoo 5390 ' |
| 2817'-2884' Picture | ed Cliffs | TUBING, CASING, AND | CEMENTING RECOR | RD T | 3330 |
| HOLE SIZE | CASI | NG & TUBING SIZE | DEPTH SET | | SACKS CEMENT |
| 13-3/4" | | 9-5/8" 7" | 231 ' 3110 ' | | 190 sxs 170 sxs |
| 8-3/4" 6-1/4" | | 4-1/2" | 2965'-5390' | | 240 sxs |
| | | 1-1/4" | 27981 | | |
| V. TEST DATA AND REQUEST OIL WELL | FOR ALLO | VABLE (Test must be a able for this de | put of or joi just at now. | -, | |
| Date First New Cil Run To Tanks | Date of Te | 8: | Producing Method (Flor | υ, pump, gas lift, | etc.) |
| Length of Test | Tubing Pre | : <u>:</u> | Casing Pressure | | Choke Size |
| | | | Water-Bbis. | | Gaé-MCF |
| Actual Pros. During Test | Oil-Bbls. | | Wiles - Bass. | | |
| | | | | | · · |
| GAS WELL Actual Prod. Test-MCF/D | Length of | Tes! | Bbls. Condensate/MMC | :F | Gravity of Condensate |
| 1,186 MCF/D | 1 | 3 hrs | Casing Pressure (Shu | -40) | Choke Size |
| Testing Method (pitot, back pr.) Back Pressure | | eswe(shut-in) 16 psig | 616 psig | 10) | 3/4" |
| | ERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. | | APPROVED | IAN 8 19 | | |
| | | Original Magaza | | | |
| | | SUPERVISOR DIST. 54 | | | |
| | 1/. | | TITLE | o be filed in co | ompliance with RULE 1104. |
| Jan Kesin | | 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 | | | |
| | gnature) | X - | well, this form mu | st be accompan well in accord | ance with RULE 111. |
| District Production | n Manager Title) | | All sections of | f this form must | t be filled out completely for allow- ls. |
| September 19, 1978 | | Fill cut only Sections I. II. III, and VI for changes of owner. | | | |

(Date)

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.