HO. OF COPIES REC	EIVED	1
DISTRIBUTION	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
RANSPORTER	OIL	
	GAS	
OPERATOR		

DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMMISSION	-
SANTA FE	· · · · · · · · · · · · · · · · · · ·	T FOR ALLOWABLE	Form C-104
FILE	* COUES		Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	AUTHORITATION TO TO	AND	
LAND OFFICE	AUTHORIZATION TO TH	RANSPORT OIL AND NATURAL	GAS
OIL	 		
TRANSPORTER GAS	 		
	 		
OPERATOR	 		
PROPATION OFFICE	<u> </u>		
Operator			
Southland Royalt			
Address O Drawer 570	, Farmington, New Mexico	97400	
1. 0. brawe; 370	, i diminigation, New Mexico	0/499	
Reason(s) for filing (Check proper	· box)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Cil Dry C	[]	
		ensate XX - Effective Augus	+ 1 1004
Change in Ownership	Casinghead Gas Cond	ensare MA - Lifective Augus	C 1, 1704
If change of ownership give nar	7.0		
and address of previous owner			
·			
II. DESCRIPTION OF WELL A	ND LEASE		
Lease Name	Well No. Pool Name, Including	Formation Kind of Lea	Se Lease No.
Bruington	1A Blanco Mes	Saverde State, Feder	=
Location	171 Dianco ne.	saver de	PEE .
	1.6EO No. 1.45	.1005	
Unit Letter E;	1450 Feet From The North L	ine and 1025 Feet From	The West
Line of Section 25	Township 31N Range	11W , NMPM,	San Juan County
<u> </u>			
III. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter o	f Oil or Condensate XX	Address (Give address to which appro	oved copy of this form is to be sent)
			• • •
Giant Refining C	ompany	P.O. Box 9156, Phoenix	x, Arizona 85068
Name of Authorized Transporter of	***	Address (Give address to which appro	oved copy of this form is to be sent)
Southern Union G	athering	P. O. Box 1899 - Bloom	field. New Mexico 87413
If well endures oil or liquide	Unit Sec. Twp. Ege.		hen
If well produces oil or liquids, give location of tanks.			
<u> </u>			
	i with that from any other lease or pool	, give commingling order number:	
IV. COMPLETION DATA		· · · · · · · · · · · · · · · · · · ·	
Danie at Tong of Const	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Compl	etion = (A)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
and the state of t	trains of A roddening i dimension	100 011) 042 14)	t ability Septin
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u></u>	<u>_</u> i	<u> </u>	<u>, i , , , , , , , , , , , , , , , , , ,</u>
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow-
OIL WELL	able for this d	epth or be for full 24 hours)	
Date First New Cit Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)
Length of Test	Tubing Pressure	Casing Proster	Choke Size
Landin or Last			137
	· · · · · · · · · · · · · · · · · · ·		
Actual Prod. During Test	Oil-Bbie.	Water Ale.	Gas - MCF
	}	I III III	
·		- 1 [1]	¥ c
GAS WELL		an con.	· -
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condergte MMCR CT 3	Gravity of Condensate
,		D/21.	Court de Consensate
		· · · · · · · · · · · · · · · · · · ·	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I	<u> </u>		
A CERTIFICATE OF COMPLIA	ANCE	OII CONSERVA	ATION COMMISSION OF
I. CERTIFICATE OF COMPLIA	MICE	OIL CONSERVA	100
			A JULIT 1304
i hereby certify that the rules as	nd regulations of the Oil Conservation	APPRO	, 19
Commission have been complied	d with and that the information given the best of my knowledge and belief.		/ /
above is true and complete to	the best of my knowledge and belief.	BY John S	w n
		TITLE	a
^	SUPERVISOR DISTRICT		SUPERVISOR DISTRICT # 3
ر المحا	This form is to be filed in compliance with RULE 1104.		compliance with RULE 1104. 蜀 3
(Istu	After Areacan If this is a request for allowable for a newly drilled or de		vable for a newly drilled or deepened
(Singular I)		well this form must be accomps	nied by a tabulation of the deviation
Secreta	Secretary		rdence with RULE 111.
		All sections of this form mu	st be filled out completely for allow-
7-10-84		able on new and recompleted we	116.
·/ /	1) - A U	11 mars 10 m	I III and VI for changes of owner

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 well: