NO. OF COPIES REC	EIVED	t .	
DISTRIBUTION		-	
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR	•		

DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104	
SANTA FE	REQUEST	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65		
FILE		AND	Thechae I-1-02	
U.S.G.S.	L AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	L GAS	
LAND OFFICE				
TRANSPORTER OIL				
GAS				
OPERATOR				
PRORATION OFFICE	†			
Operator	<u> </u>			
Southland Royalty	Company			
Address				
P. O. Drawer 570,	Farmington, NM 87401			
Reason(s) for filing (Check prope		Other (Please explain)		
New We!1	Change in Transporter of:			
	Cil Dry Go	78		
Recompletion		=		
Change in Ownership	Casinghead Gas Conde	nsute []		
If the second association give no				
If change of ownership give na and address of previous owner				
and obtained or provide				
II. DESCRIPTION OF WELL A	ND LEASE			
Lease Name	Well No. Pool Name, Including F		1	
Burnt Mesa	#1A So. Los Pinos	Frt. Pict. Cliffs. Fed	deral or Fee Federal NM-2996	
Location				
- -	1830 Feet From The South Lin	and 1550 Feet Fr	m The East	
Unit Letter J ;	Feet From The Doddin Lin	rediric		
) or	Township 32N Range	7W , NMPM, Sa	an Juan County	
Line of Section 25	Township 3ZN Range	777 , 1407 107	ar outr	
	THE STATE OF	16		
II. DESIGNATION OF TRANSI	PORTER OF OIL AND NATURAL GA	Andress (Give address to which ap	proved copy of this form is to be sent)	
Name of Authorized Transporter of	of Condensate	Address (other dayless to divine ap		
		had a complete and a which an	proved copy of this form is to be sent)	
Name of Authorized Transporter of	of Casinghead Gas or Dry Gas 🔀	<u>.</u>		
Northwest Pipeline	Corporation	n P. O. Box 90, Farmington, NM 87401		
If well produces oil or liquids,	Unit Sec. Twp. Age.	Wh		
give location of tanks.	1 1 1	No		
	d with that from any other lease or pool,	-inc asi-sling order number:		
Designate Type of Comp	letion — (X) Gas Well X Date Compl. Ready to Prod.	New Well Workover Deepen X Total Depth	Plug Back Same Res'v. Diff. Fles'v	
	10-28-80	6158'	6010'	
7-28-77 Elevations (DF, RKB, RT, GR, e.		Top O!1/Gas Pay	Tubing Depth	
6548' GR	Pictured Cliffs	3370'	3543'	
Perforations	FICTURE CITIES	3370	Depth Casing Shoe	
_	22701 - 25601		6158'	
Pictured Cliffs:	3370 - 3300	D CEMENTING RECORD		
		DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE		190 sx	
13 3/4"	9_5/8"	208'		
8 3/4"	7"	3715'	190 sx 320 sx	
6 1/4"	4 1/2"	3545' - 6158'	J20 3A	
	1 1/2"	3543'		
V. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow	
OIL WELL	unte joi tilla ut	epth or be for full 24 hours) Producing Method (Flow, pump, ga.		
Date First New Oil Run To Tank	Date of Test	Producing Method (r tow, pump, ga.		
Length of Test	Tubing Pressure	Casing Pressure	Choice Sive	
			- L Nov	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	TOU TO	
	1		1 000 1300 1	
			Din Co.	
GAS WELL			100	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
\				
680	3 Hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	•	1168	3/4"	
Back Pressure	1158			
VI. CERTIFICATE OF COMPL	IANCE	OIL CONFER	YY 1980 MMISSION	
		14		
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED		
Commission have been complied with and that the information given []		BY Original Signed by FRA	NK T. CHAVEE	
		TITLESUPERVISOR DISTRICT 編 3		
		TITLE		
<u> </u>	/ //		in compliance with RULE 1104.	
	V. V.	This form is to be filed	in compliance with node	
21am Lyan		If this is a request for allowable for a newly drilled or deepened		

District Production Manager

(Title) 11-7-80

(Date)

well, this form must be accompanied by a tabulation of 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.