COMPUTION NEW MEXICO OR, CONSERVATION COMMISSION SANTA FE. REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-120 FILE GHA U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFIC OIL TRAP PORTER GAS API 30-045-22838 PRORATION OFFICE Operator SOUTHLAND ROYALTY COMPANY P. O. Drawer 570, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner . DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No State, Federal or Fee State Patterson "B" Com 1R Blanco Pictured Cliffs Location Feet From The West North 1830 Line and Feet From The Unit Letter Range 12W Township 31N 2 , NMPM. San Juan County Line of Section Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X P. O. Box 1899, Bloomfield, New Mexico Southern Union Gathering Company When Sec. Is gas actually connected? Unit If well produces oil or lyquids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff. Res'v. Oil Well Workover Gas Well New Well Deepen Plug Back Designate Type of Completion - (X) Х P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 2-3-78 6-11-78 54441 5440' Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation 6319' GR 2824' 28881 Pictured Cliffs Depth Casing Shoe Perforations 2824'-2880' PC 5442' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 12-1/4" 9-5/8" 220 110 sxs 711 8-3/4" 3113' 240 sxs 4-1/2" 6-174" 2954'-5442' 320 sxs 1-1/4" 2888! (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Mothed (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bble. OII - Bbls. Actual Prod, During Test GAS WELL Gravity of Condensate Bbis, Condensate/MMCF Actual Prod. Tost-MCF/D Longth of Test 3 hrs

7,770 Choke Size Casing Fressure (Shut-in) Testing Nethed (pitot, back pr.) Tubing Pressure (shut-in) 3/4" 762 psig 7.62 psig Back Pressure

APPROVED_

L CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

yan (Signature)

(Date)

District Production Manager

July 12, 1978

(Title)

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.

If this is a request for allowable for a newly drilled or despened

OIL CONSERVATION COMMISSION

5 1070

Original Signed by A. R. Kendrick

SUPERVISOR DIST. 1/3

This form is to be filed in compliance with RULE 1104.

1110

Separate Forms C-104 must be filled for each pool in multiply completed wells.