NEW RECYCLO OIL CONSERVATION COMMISSION Dam C+104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-170 Effective 1-1-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRAL PORTER Ĭ GAS PROHAL ON OFFICE 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: Recompletion Cil Change in Ownership Castrighead Gas Condensate If change of ownership give name and address of previous owner_ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. East 22A Blanco Mesa Verde State, Federal or Fee SF-077652 Location 1700 Ι South 880 East Unit Letter Feet From The Feet From The 26 31N 12W San Juan Line of Section Township Range NMPM, County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Noise of Authorized Transporter of Oil | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. P. O. Box 108, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, New Mexico Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Southern Union Gathering Company Unit Sec. Is gas actually connected? If well produces off or ignaids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Cil Well Gas Well New Well Workover Plug Back Same Resty, Diff. Resty, Designate Type of Completion = (X) Х χ Date Spudded Total Depth Date Compl. Ready to Prod. 4-28-78 5-20-78 50811 50341 Elevations (DF, RKB, RT, GR, etc.) 5963 Name of Freducing Formation Mesa Verde Top Oil/Gas Pay Tubing Depth 47051 4902' Perforations Depth Casing Shoe 4705'-4944' Point Lookout 50811 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12-1/4" 8-3/4" 9-5/8" 218' 110 sxs 7" 26851 235 sxs 6-1/4" 4-1/2" 2535'-5081' 270 sxs 2-3/8" 4902' 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 depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tonks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oll - Bbls. Water - Bols. Gan - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bble. Condensate/MMCF Gravity of Condensate 4,891 3 hrs Testing Method (putot, back pr.)

Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Back Pressure 1,079 psig 1,079 psig

TITLE _

L CERTIFICATE OF COMPLIANCE

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

Tas an District Production Manager

(Title)

(Dute)

June 7, 1978

OIL CONSERVATION COMMISSION

APPROVED_ Original Signed

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

If this is a request for allowable for a newly drilled or despende well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.

All nections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. 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