DISTRIBUTION SARTAFE FILE	NEW MEXICO OIL				CONSERVATION COMMISSION FFOR ALLOWABLE AND			
U.S.G.S. LAND OFFICE TRAN PORTER OIL / GAS / OPERATOR / PROBATION OFFICE Operator	AUTHOR	IZATION TO TRA	ANSPORT O	IL AND N	IATURAL (GA5		
Southland Royalty Comp	any							
P. O. Drawer 570, Farm Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	,	ransporter of:	os 🔲	her (Please	explain)	•		
f change of ownership give name nd address of previous owner						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
ESCRIPTION OF WELL AND LEASE Pool Name, Including Richardson 6-A Blanco Mesa						or Fee SF-077651		
Location Unit Letter A ; 8(00 Feet From	The North Lin	ne and 100	0	_ Feet From	The East		
Line of Section 22 Tov	vnship 31N	Range	12W	, NMPM,	S	an Juan	County	
DESIGNATION OF TRANSPORT		ND NATURAL GA	Address (Giv			ved copy of this form is a	,	
Plateau Name of Authorized Transporter of Cas		or Dry Gas X	Address (Giv	e address t	o which appro	ved copy of this form is t	o be sent)	
Southern Union Gather	Unit Sec.	Twp. Rge.	P. O. Box 1899, Bloomfield, New Mexico Is gas actually connected? When				.00	
give location of tanks. f this production is commingled wit	h that from any	other lease or pool,	give comming	gling order	number:			
COMPLETION DATA Designate Type of Completion		Well Gas Well	New Well	Workover	Deepen	Plug Back Same Res	rv. Diff, Restv.	
Date Spudded	Date Compl. Rea	dy to Prod.	Total Depth		_ i, _ ,	P.B.T.D. 5352'	1,	
4-21-78 Elevations (DF, RKB, RT, GR, etc.) 6321 GL	5-2-78 Name of Producing Formation Mesa Verde		5431 ' Top Oil/Gas Pay 5086 '			Tubing Depth 52701		
Perforations	Mesa ve.				Depth Casing Shoe 5417 '			
	TUI	BING, CASING, ANI	D CEMENTIN	G RECOR	0			
HOLE SIZE				DEPTH SE			SACKS CEMENT	
12-1/4"	9-5/8"		221' 3076'			110 sxs 270 sxs		
8-3/4"	7'' 4-1/2''		2911'-5417'			265 sxs		
6-1/4"		3/8"	 	527				
TEST DATA AND REQUEST FO		LE (Test must be a	epth or be for fu	ull 24 hours,	/	and must be equal to or e	exceed top allow-	
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift,			, etc.)		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		Gas-MCF			
CAC WELL	L		<u> </u>			<u> </u>		
GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate		
3790	3 hrs							
Testing Method (pitot, back pr.) Back-Pressure	Tubing Pressure (shut-in) 806 psig		Casing Pressure (Shut-in) 786 psig			Choke Sixe 3/411		
BACK-Pressure	OIL CONSERVATION COMMISSION							

CERTIFICATE OF COMPLIANCE

District Engineer

May 24, 1978

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.

Vira (Signature)

(Title)

(Date)

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

JUN 14 1978

By Original Signed by A. E.

TITLE _

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

Zendrick

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.