

DISTRIBUTION
DATE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator
Southland Royalty Company
Address
P.O. Box Drawer 570, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sadie West Well No. 1A Pool Name, Including Formation Blanco Mesa Verde Kind of Lease State, Federal or Fee Fee Lease No.
Location
Unit Letter C : 850 Feet From The North Line and 1850 Feet From The West
Line of Section 21 Township 31N Range 12W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
Plateau P.O. Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering P.O. Box 1899, Bloomfield, New Mexico
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
No

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 3-28-78 Date Compl. Ready to Prod. 4-20-78 Total Depth 5197' P.B.T.D. 5095'
Elevations (DF, RKB, RT, GR, etc.) 6081' GR Name of Producing Formation Mesa Verde Top Oil/Gas Pay 4838' Tubing Depth 5075'
Perforations 4838'-5058' Depth Casing Shoe 5196'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 9 5/8" 225' 110 SXS
8 3/4" 7" 2761' 235 SXS
6 1/4" 4 1/2" 2611'-5196' 390 SXS
2 3/8" 5075'

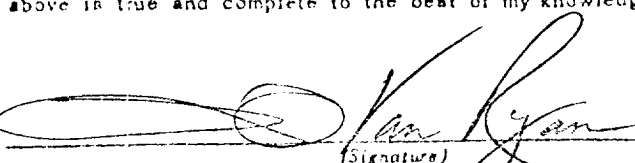
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D 4,600 Length of Test 3 Hrs Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure Tubing Pressure (Shut-in) 641 Psig Casing Pressure (Shut-in) 906 Psig Choke Size 3/4"

VI. 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.

District Production Manager
May 9, 1978
(Date)

OIL CONSERVATION COMMISSION
MAY 15 1978
APPROVED _____, 19_____
BY Original to be filed by S. R. Kendrick
TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.