	UISTRIBUTION UISTRIBUTION SANTA FE / FILE / U.S.G.S. LAND OFFICE IRAN PORTER 01L / GAS /	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C+119 Effective 1-1-65 AS
	OPERATOR 2 PROBATION OFFICE			AP1 30-045-23021
1.	Operator			
	Southland Royalty Company			
	P. O. Drawer 570, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain)			
		Change in Transporter of: Oil Dry Ga		
	Recompletion Change in Ownership	Casinghead Gas Conden	nsate	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND I	Vell No. Pool Name, Including Fe	ormation Kind of Lease	Lease No.
	Grenier	23 Basin Dakota	State, Federal	or Fee FEE
	Location Unit Letter M; 119	0 Feet From The South Lin	e and <u>1190</u> Feet From T	heWest
	71 -	mship 31N Range	11W , NMPM, San	Juan County
			c	
11.	DESIGNATION OF TRANSPORT	Or Condersate	Address (othe dudress to which oppion	
	Plateau Nome of Authorized Transporter of Cas	inghead Gas or Dry Gas XX	P. O. Box 108, Farmingto Adaress (Give address to which approv	on, New Mexico 8/401 ed copy of this form is to be sent)
	Southern Union Gatherin	ng	P. O. Box 1899, Bloomfie Is gas actually connected?	eld, New Mexico 87413
	If well produces oil or liquids, give location of tanks.		No	
	If this production is commingled with that from any other lease or pool, give commingling order number:			
۷.	COMPLETION DATA Designate Type of Completio	on = (X) Oil Well Gas Well X	New Well Workover Doepen	Plug Back Same Restv. Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	12-26-78 Elevations (DF, RKB, RT, GR, etc.)	5-10-79 Name of Producing Formation	6931' Top Oil/Gas Pay	6924 ' Tubing Depth
	5861'	Dakota	6750'	6869 1 Depth Casing Shoe
	Perforations 6931' 6750' - 6900' 6931'			
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	8-5/8"	229'	<u>130 sxs</u> 1st stg-220 sxs/2nd stge
	7-7/8"	4-1/2"	6931'	446 sxs / 3rd stge 452
		$\frac{2-3/8''}{2-3/8''}$	feer recovery of total volume of load oil o	ind must be equal to or exceed top allow-
¥.	able for this depth or be for full 24 hours)			
	Date First New Cil Run To Tanks	· · · · · · · · · · · · · · · · · · ·		Choke Size
	Length of Test	Tubinç Pressure	Casing Pressure	
	Actual Prod. During Test	Oll-Bble.	Water + Bbis.	Gas - MCF
	l			
	GAS WELL Actual Prod. Teet-MOF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condeneate
	1234 Teeling Nethed (pitot, back pr.)	3 hours Tubing Preseure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
	Back Pressure	1908 psig	1908 psig	
1.	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	
	above is true and complete to the best of my knewledge and belief.		SUPERVISOR DISTRICT # 3	
			This form is to be filed in a	compliance with RULE 1104.
	(Signature)		If this is a request for allowable for a newly drilled or despend 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 allow-	
	District Production Manager			
	(11110)		able on new and recompleted we	the and VI for changes of owner.
May 22, 1979 (Date)			Fill out only Sections 1, 11, 111, and such change of condition. 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.	

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