MO. OF COMIES MECHINED DISTRIBUTION NEW MUXICO OIL, CONSERVATION COMMISSION Form C-104 SANTATE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRAIL PORTER GAS 1 OPERATOR PRORATION OFFICE Southland Royalty Company Address P.O. Box 570, Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) XXChange in Transporter of: Recompletion Change in Ownership Casinghead 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 Page State, Federal or Fee 2A Blanco Mesa Verde Fee 1770 Unit Letter___ Feet From The South Line and 1120 Feet From The East 7 Township 32N Range 10W , NMPM, San Juan Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. P.O. Box 108, Farmington, NM 87401 Name of Authorized Transporter of Casinghead Gas ct Dry Gas X Address (Give address to which approved copy of this form is to be sent) Southern Union Gathering Company P.O.Box 1899, Bloomfield, NM 87413 Unit gas actually connected? Sec. 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: V. COMPLETION DATA Workover Gas Well Oil Well New Well Plug Back Same Resty, Diff. Resty Designate Type of Completion - (X) χ X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 7-14-78 8-18-78 5610 55661 Elevations (DF, RKB, RT, GR, etc., Top O!1/Gas Pay Name of Producing Formation Tubing Depth 6232' GR Mesa Verde 5439 Depth Casing Shoe 45451 Perforations 4545' - 5460' 5610' TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT 9 5/8" 12 1/4" 120_sxs 8 3/4" 32741 270 sxs 4 1/2" 6 1/4" 3129'--5610' 265 sxs 2 3/8" 54391 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allou-able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Casing Pressure Tubing Pressure Length of Test Water - Bbls. Actual Pred. During Test Cil-Bbls. GAS WELL

0/13 H1.LL					
Actual Prod. Test-MCF/D	Length of Test	. Bble. Condensate/MMCF	Gravity of Condensate		
7075	3 Hrs.		1000		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Stee		
Back Press	547 psig	852 psig	3/4''		
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION SEP 1 5 1978			

APPROVED

T. 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	1.8	true	and	complete	to the	best	of my	/ knjeswyt	dge and	beliet.
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District Production Manage:

(Title)

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9-1-78 (Date) TITLE STORY OF STORY

Original Sign. Co A. R. Kendrick

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.

Lease No.

County

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 walls.

I.