NO. OF COPIES RECE	3		
DISTRIBUTIO			
SANTA FE		1	
FILE		7	
U.S.G.S.			
LAND OFFICE			
I RANSPORTER OPERATOR	OIL	17	
	GAS	\prod	
		\prod	
PRORATION OFFICE			

	DISTRIBUTION	Form C-104					
	SANTA FE	} 	REQUEST	REQUEST FOR ALLOWABLE AND			
	U.S.G.S.		1	Effective 1-1-65			
	LAND OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	1011	7					
	TRANSPORTER GAS	} 					
	OPERATOR		-				
1	PRORATION OFFICE						
	Operator						
	Southland	Southland Royalty Company					
	Address						
			70, Farmington, New Mexi	.co 87401			
	Reason(s) for filing (Check pro	per box)	Other (Please explain)			
	New Well	New Well X Change in Transporter of:					
	Recompletion		——————————————————————————————————————	as U			
	Change in Ownership		Casinghead Gas Conde	nsate	· · ·		
	If change of ownership give i	name					
	and address of previous own						
	-						
11.	DESCRIPTION OF WELL Lease Name	AND		Cormatton Vind of Loan			
					Lease No.		
	Mark Maddox		1-A Blanco Pictur	ed Cliffs State, Federal	FEE		
	/ -	1634	O Courth	1760			
	Unit Letter J	161	Feet From The SOUTH Lir	ne and 1/60 Feet From '	The East		
	1. (2	•	22Nowth a	1117	_		
	Line of Section 15	Tov	wnship 32North Range	IIWest , NMPM, Sar	1 Juan County		
111	DESIGNATION OF TRANS	enon	PED OF OUR AND MATERIDAY OF	16			
111.	Name of Authorized Transporte			Address (Give address to which appro-	ved copy of this form is to be sent		
					or orpy of the form to to be semy		
	Name of Authorized Transporte	r of Cas	singhead Gas or Dry Gas v	Address (Give address to which appro-	ved copy of this form is to be sent)		
	El Paso Natural G		3.7	·			
		<u>us u</u>		Address (Give address to which approved copy of this form is to be sent) or Dry Gas Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87401 Twp. Pge. Is gas actually connected? When NO other lease or pool, give commingling order number: I Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. X X eady to Prod. Total Depth P.B.T.D. 7-78 5845' 5844' Tubing Formation Top Oil/Gas Pay Tubing Depth			
	If well produces oil or liquids, give location of tanks.			No			
	****		N. 41 A. 5				
IV.	COMPLETION DATA	ged wit	th that from any other lease or pool,	give commingling order number:			
				New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Con	npletic	on - (X)	x			
	Date Spudded		Date Compl. Ready to Prod.		P.B.T.D.		
	6-7-78		9-7-78	5845'	5844'		
	Elevations (DF, RKB, RT, GR,	etc.;	Name of Producing Formation				
	64 11' GR		Pictured Cliffs	3137	3152'		
	Perforations				Depth Casing Shoe		
	3137' - 3183'				5845'		
	TUBING, CASING, AND			CEMENTING RECORD			
	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"		9 5/8"		110 sacks		
	8 3/4"		7 1/2"		340 sacks		
	6 1/4"		4 1/2"	· • · · · · · · · · · · · · · · · · · ·	370 sacks		
			1 1/4"	3152'	<u> </u>		
V.							
	OIL WELL		بمعالب مستحب وسأسرو ومراحا والمساوي والمساوي والمساوي والمساوي والمساوي والمساوي والمساوي والمساوي والمساوي		A		
	Date First New Oil Run To Tar	263	Date of lest	Producing Method (Flow, pump, gas ii)	jt, etc.)		
	Length of Test		Table December	Contra Decours	I Choke Size		
	Length of lest		I uping Piessme	Cdaning Pressure	Choke Size		
	Actual Prod. During Test	 	OllaBhla	P.O. Box 990, Farmington, New Mexico 87401 Twp. Eqc. Is gas actually connected? When No her lease or pool, give commingling order number: ell Gas Well New Well Werkever Deepen Plug Back Same Resiv. Diff. Resiv. X			
	Actual Pied. Dailing 1650	Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Tubing Pressure Casing Pressure Choke Size	San Moi				
				Examingtion, New Mexico 87401 Change in Transporter of, Other (Please explain) Change in Transporter of, Other (Please explain) SE. Well No. Pool Mane, including Forentian Pool Mane, including Forentian Pool Mane, including Mane, including Forentian Pool Mane, including Mane, including Forentian Pool Mane, includi			
	GAS WELL						
1	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	631		3 hours	,			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pressure	•	1	•			
. 7¥	CERTIFICATE OF COMP	TYANI		1	·- 		
VI.	CERTIFICATE OF COMP	LIANC	J.E.				
				APPROVED 3 10 10/13			
	hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given						
			best of my knowledge and belief.	l av			
				11			
				TITLE			
	001			11			
	C. C. Parsons (Signature)			If this is a request for allow	vable for a newly drilled or deepened		
				well, this form must be accompa- tests taken on the well in accor	mied by a labulation of the deviation dance with RULE 111.		
	<u>District</u>	District Engineer			li de la companya de		
	(Title)			able on new and recompleted wells.			
		9-21-78			I, III, and VI for changes of owner,		
		(Da	te)	!1			
				The state of the s	t be then for owen poor in munipiy		
				·· -			

40. OF COPIES REC	CIVED	1	
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SANTA FE			
FILE			
U.S.G.S.		1	
LAND OFFICE			
TRANSPORTER	OIL		
THANGE ON TER	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST	REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. AUTHORIZATION TO TRANSPORT CIL AND NATURAL					1-62	
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT UIL AND P	IATURAL U	AS		
	TRANSPORTER OIL]					
	GAS OPERATOR	-					
1.	PROPATION OFFICE	<u> </u>					
	Operator Southland Royalty Company						
	P. O. Drawer 570, Farmington, New Mexico 87499						
	Reason(s) for filing (Check proper box		Other (Please	explain)			
	New We!1	Change in Transporter of:	<u></u>				
	Recompletion Change in Ownership	Cil Dry Ga Casinghead Gas Conden	s Effectiv	e August	1 1084		
	If change of ownership give name and address of previous owner	COSTRACTOR CONTRACTOR	MA - LITECTIV	e nagust	1, 1304		
11.	DESCRIPTION OF WELL AND						
	Lease Name	Well No. Pool Name, Including Fo	·	Kind of Lease State, Federal	orf•• Fee	Lease No.	
	Mark Maddox	1A Blanco Mes			166		
	Unit Letter;	Feet From The South	• and 1760	_ Feet From T	East		
	15 To	. 22 N	111.	- San Ju	an		
	Line of Section To	wnship JZII Range	IIW , NMPM,	San Ju	a i i	County	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s				
	Name of Authorized Transporter of Oil		Address (Give address t				
	Giant Refining Comp	Singhead Gas or Dry Gas XX	P. O. Box 9156 Address (Give address to	, Phoeni:	x, Arizona 8	5068	
	El Paso Natural Gas		P.O. Box 990,			1	
		Unit Sec. Twp. Rge.	Is gas actually connecte			9	
	If well produces oil or liquids, give location of tanks.			i			
	If this production is commingled wi	th that from any other lease or pool,					
	Designate Type of Completic	on - (X) Gas Well	New Well Workover	Deepen	Plug Back Same R	es'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	·	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth		
	Perforations		<u>i</u>		Depth Casing Shoe		
		T	D CEMENTING RECORD		1		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	NT .	SACKS CE	MENT	
				·			
			<u> </u>		Ĺ		
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 Cil Run To Tanks	Date of Test	Producing Method (Flow		i, eic.)		
						A COLOR	
	Length of Test	Tubing Pressure	Casing Pressure	- 10 A	Character 1		
	Actual Prod. During Test	Oil-Bhis.	Water - Bbis.	13 8 1	Gas-MCF		
	7.000 Daim, 1.000				1 1984		
	JUL-II.						
	GAS WELL		Bbls. Condensate/MMCF	- AN	Growty of Condense	•	
i	Actual Prod. Teet-MCF/D	Length of Test	Balla. Condensate/MMCP	Oir	O'ST.		
1	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	·in)	Choke Size		
) V:	CERTIFICATE OF COMPLIAN	CF	011 0	ONSERVA	TION COMMISSI		
•	CERTIFICATE OF COMPLIANCE				J	UL 1 1 198	
	hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given		APPROVED	7(3)		., 19	
	Commission have been compiled t	with and that the information given best of my knowledge and belief.	BY Wanter	· Yav	2/	SUPERVISOR DISTRIC	
			TITLE		<u> </u>	שניים וייים	
	^ /			he filed is a	compliance with AU	LE 110A.	
	Cotton Grever.		10 45 - 10 0 000	ant for allow	eble for a newly dri	lied or deepened	
(Signatura)			well, this form must	he accompan	nied hy a tabulation	of the deviation	
	Secretary (Title) 7-10-84		All sections of	this form mu	at be filled out come	pletely for allow-	
			able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner,				
		21e)	weil name or number	, or transport	en or other such che	ude of condition.	
	(2)	ļ	Separate Forms	C-104 must	be filed for each	pool in multiply	