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SANTA FE		1	
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LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS		
OPERATOR		1	
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11			
	U.S.G.S.	ALITHOPIZATION TO TO	AND	Effective 1-1-65			
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS			
	TRANSPORTER OIL						
	GAS						
	OPERATOR /		•	API 30-045-23318			
I.	PRORATION OFFICE Derotor						
	Southland Roya	Southland Royalty Company					
	Address D. Drawon F.	70 Farming to No. M					
	Reason(s) for filing (Check proper box	70, Farmington, New Mex					
	New Well X	Change in Transporter of:	Other (Please explain)	-			
	Recompletion	Cil Dry G	ias 🗍				
	Change in Ownership	Casinghead Gas Conde	ensate				
	If change of ownership give name and address of previous owner						
H.	DESCRIPTION OF WELL AND	I FASF					
	Lease Name	Well No. Pool Name, Including F	Formation Kind of Leas	e Lease No.			
	Thompson	2A Blanco Mesa	Verde State, Federa	al or Fee NM-01614			
	Location	_		•			
	Unit Letter A ; 960	O Feet From The North Li	ne and 1070 Feet From	The East			
	Line of Section 28 Tov	vnship 31N Range	12W , NMPM, San	Juan county			
				County			
III.	DESIGNATION OF TRANSPORT	or Condensate ₩					
		or condensate X	Address (Give address to which appro	•			
	Plateau, Inc. Name of Authorized Transporter of Cas	singhead Gas or Dry Gas v	P. O. Box 108, Farming Address (Give address to which appro	ton, New Mexico			
	•	Gathering Company	P. O. Box 1899, Bloomf	· ·			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh				
	give location of tanks.		No				
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v, Diff. Res'v.			
	Designate Type of Completio		X !	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	1-11-79	2-3-79	5253'	5209'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	6171' GR	Mesaverde	4906'	5147'			
	Perforations			Depth Casing Shoe			
	4906'-5168'	TURING CASING AN	D CEMENTING RECORD	5252			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"	9-5/8''	230'	125 sxs			
	8-3/4"	7''	2805'	250 sxs			
	6-1/4''	4-1/2"	2648!-5252!	305 sxs			
į	······	2-3/8"	5147'	<u> </u>			
	TEST DATA AND REQUEST FOOIL WELL	OR ALLOWABLE (Test must be a able for this do	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-			
j	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			
	Lang o		County 1 1000 Mar				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
				V^{\wedge}			
	GAS WELL Actual Prod. Test-MOF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate			
	4,944	3 hrs	Bate. Condensate, since	Shavity at Condensate			
Ì		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choice Size			
Ĺ	Back Pressure	986 psig	991 psig	3/411			
VI.	CERTIFICATE OF COMPLIANC	EE .	OIL CONSERVA	TION COMMISSION			
			APPROVED FEB 23				
!	I hereby certify that the rules and re Commission have been complied w	egulations of the Oil Conservation ith and that the information given					
	above is true and complete to the best of my knowledge and belief.		BY Original Signed by A. R. Kendrick TITLE SUPERVISOR TARREST				
	1 1 1/2	en e	This form is to be filed in compliance with RULE 1104.				
	1 Page	L'interne	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.				
-	(Signal	tura)					
District Production Manager			All sections of this form must be filled out completely for sllow-				
	(Titl February 20, 19	2) 07.0	able 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.				
	(Dat	c/	Separate Forms C-104 must	be filed for each pool in multiply			
			rompleted wells.				