	CANTA FE FILE U.S.G.S. LAND OFFICE TRAL PORTER OIL GAS OPERATOR	REQUEST	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Bim Cyild Superieder Old C-tox and C- Effective 1-1-65	
1.	Operator			
	Southland Royalty Company			
	P.O. Drawer 570, Farmi Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Change in Transporter of: Cil Dry G	Other (Please explain)	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND Lease Name Thompson Location	Well No. Pool Name, including for a S-A Flora Vista Fr	ruttland State, Feder	al or Fee Federal NM-01614
i	Unit Letter J : 1845 Feet From The South Line and 1470 Feet From The East			
	Line of Section 34 Tox	wnship 31N Range	12W , NMPM, San	Juan County
	Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Southern Union Gatheri If well produces oil or liquids, quive location of tanks.	ng Company Unit Sec. Twp. Fige.	Address (Give address to which appropriate A775 Ind. Sch. Rd., NE Address (Give address to which appropriate ARC). Box 1899, Bloomfile Is gas actually connected?	, Albuquerque, NM 87110 pved copy of this form is to be sent;
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	a Normana	
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv
	Date Spudded 2-1-79	Date Compl. Ready to Prod. 12-13-81 (Fruitland)	Total Depth 5016'	P.B.T.D. 4980 '
	Elevations (DF, RKE, RT, GR, etc.)		Top Oil/Gas Pay 2070'	Tubing Depth
	Perforations 2070'-2079'		2070	Depth Casing Shoe
Ė		TUBING, CASING, AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
-	12-1/4" 8-3/4"	9-5/8" 7"	231'	105 sacks
-	6-1/4"	4-1/2"	2576 ' 5014 '	210 sacks 305 sacks
İ	0-1/1	1-1/2"	2052'	Packer set @ 2511'
	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 li	(t, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
-	Actual Pred. During Test	Cil-Bbls.	Water - Bble.	Gas-MCF
1_	CAC BY A		<u></u>	
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	708	3 hours	,	
	Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 639	Casing Pressure (Shut-in) 639	Choke Size 3/4 ¹¹
1. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
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.			APPROVED	
			SUPERVISOR DISTRICT 指 3	
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation	
_	District Production Ma	nager	tosts 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.	
	(Tid	•/		

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.

January 12, 1982

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