NO. OF COPIES RECEIVED		15	
DISTRIBUTIO			
FILE U.S.G.S. LAND OFFICE		/	
		17	
TRANSPORTER	OIL		
·	GAS	1	
OPERATOR		2	1
PRORATION OFFICE			
0			

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Elioctive 1-1-65					
	FILE /	AND							
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE	4—							
	TRANSPORTER GAS /			API 30-045-23666					
	OPERATOR 2	†		A 1 30-0-7-23000					
	PRORATION OFFICE	+		•					
1.	Operator	<u> </u>							
	Southland Royalty Comp	any							
	n o Drawar 570 Farm	ington New Mexico							
P. O. Drawer 570, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain)									
New We!l X Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate									
						If change of ownership give name			
	and address of previous owner								
11	DESCRIPTION OF WELL AND	LEASE							
	Lease Name	Well No. Pool Name, Including F	I						
	Calloway	2 Undesignated	Fruitland State, Federa	il or Fee FEE					
	Location								
	υ-υ-υ Δ . 112	O Feet From The North Lin	ne and 790 Feet From	The East					
	Unit Letter A ; 112	100000000000000000000000000000000000000							
	Line of Section 22 Tov	wnship 31N Range	11W , NMPM, San	Juan County					
	Eme of decition 22								
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	IS						
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)					
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas XX	Address (Give address to which appro	ved copy of this form is to be sent)					
			P.O. Box 1899, Bloomfie	eld. New Mexico					
	Southern Union Gatheri	Unit Sec. Twp. P.ge.		en					
	If well produces oil or liquids, give location of tanks.		No						
	·	<u></u>							
		th that from any other lease or pool,	give comminging order number:	· · · · · · · · · · · · · · · · · · ·					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completic		X						
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Date Spudded	-	2627'	2585'					
	4-9-79	5-7-79 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Elevations (DF, RKB, RT, GR, etc.)	_		24291					
	5795' GR	Fruitland	2216'	Depth Casing Shoe					
	Perforations	2627!							
	2216' - 2318'	TUDING CASING AND	D CEMENTING RECORD						
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	HOLE SIZE		145'	125 sxs					
	12-1/4"	8-5/8"	2627'	175 sxs					
	6-3/4"	4-1/2" 2-3/8"	2429'						
		2-3/8"	2429						
			f	and must be equal to or exceed top allow-					
V.		OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load offerth or be for full 24 hours)	and must be equal to or exceed top allow-					
	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)					
	Date First New Oil Run 10 Tunks								
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Caudin or rest								
	Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF					
	Vetral Steat partial 1481								
		<u> </u>							
	CAC WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Caravity of Condensate					
	1612 Testing Method (pitot, back pr.)	3 hours	Casing Pressure (Shut-in)	Choke Stee					
			780 psig	3/4"					
	Back Pressure	-0	OII CONSERVA	TION COMMISSION					
VI.	CERTIFICATE OF COMPLIAN	CE	UIL CONSERVA	1979					
		<u>.</u>		APPROVED					
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. An		APPROVED							
		BY							
		SUPERVISOR DISTRICT # 3							
		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 taken on the well in accordance with RULE 111.					
			District Production Manager (Title)				All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	I.m. 1 1070		Fill out only Sections I. I	I, III, and VI for changes of owner.					

(Date)

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.