N N OF OPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
I RANSPORTER OI			
TRANS. ON EN	GAS		
OPERATOR	/_		
PRORATION OFFICE			

1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator Southland Royalty Compaddress P.O. Drawer 570, Farming Check proper box New We!!	AUTHORIZATION TO TRA	Other (Please	NATURAL GAS	Form C-104 Supersedes Ol Effective 1-1-6	d C-104 and C-1.
	Recompletion Change in Ownership	Cil Dry Ga Casinghead Gas Conder				
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	Well No.; Pool Name, Including Fo	ormation	Kind of Lease	·	Lease No.
	Wilmer Canyon	2 No. Los Pinos		State, Federal or Fe	• Federal	NM-6893
	Location				···at	
	Unit Letter C : 11	70 Feet From The <u>north</u> Lin	e and 1800	_ Feet From The	west	
	Line of Section 25 Tow	mship 32N Range	8W , NMPM	, San	Juan	County
	TO ANGROPE	CER OF OUL AND NATURAL CA	·c			
III.	DESIGNATION OF TRANSPORT	or Condensate X	Address (Give address a			
	Plateau, Inc.	inghead Gas or Dry Gas 🔀	4775 Ind. Sch.	Rd. N.E., A	lbug. NM 8	37110 to be sent)
	Name of Authorized Transporter of Cas NorthWest Pipeline	inghedd Gds or Diy Gds K	P. O. Box 90,			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connecte			
	give location of tanks.					
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,			Back Same Res	sty. Diff. Resty.
	Designate Type of Completion	on - (X) Grs Well	New Well Workover	Deepen Plug	Back Same He	!
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.	
		Name of Producing Formation	Top Oil/Gas Pay	Tub!	ing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing to matter				
	Perforations	<u> </u>		Dept	h Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECOR	D		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	· · · · · · · · · · · · · · · · · · ·	SACKS CE	AENT
	1					
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volu pth or be for full 24 hours	· /	**,	exceed top allow
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	, pump, gas lift, etc.	,	***
		Tubing Pressure	Casing Pressure	Cho	ke Size	
	Length of Test			4	-MCF	
	Actual Pred, During Test	Oil-Bbls.	Water - Bbls.	F 0.00	-MCF	,
				-	Colon Village	
	GAS WELL		1 511 C - 1 1 0 0 0 C	E Grm	vity of Condengate	<u> </u>
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Chol	ke Size	
			011 (ONSERVATIO	COMMISSIO	N
VI.	CERTIFICATE OF COMPLIANO	UE .		NOVER 319	19	19
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	.942	CHAPEZ	17
	Commission have been complied wabove is true and complete to the	ith and that the inidmation given	BY			
		10	TITLE	& GAS INSPECTOR		
(This form is to	be filed in compli	lance with RUL	E 1104. Ind or deepened

VI

District Production Manager (Title) September 19, 1979

(Date)

	MOA	101919	19	
APPROVED		THE TOWNER		
DEPUTY (DIL & GAS	MSPECTOR, DIST. #3		

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.

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 wells.

MELOF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.	<u>L</u>	L_		
LAND OFFICE				
IRANSPORTER	OIL	<u> </u>		
- I HARSFORTER	GAS			
OPERATOR		L.		
PRORATION OFFICE			1	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NAT	URAL GAS
	I RANSPORTER OIL			AP1 30-045-23459
	GAS			
	OPERATOR			
1.	PRORATION OFFICE Operator			
	SOUTHLAND ROYALTY CO	MPANY		
	Address P. O. DRAWER 570, Fa	rmington, New Mexico 87	7401	
	Reason(s) for filing (Check proper box)		Other (Please exp	lain)
	New Well X	Change in Transporter of:		
	Recompletion	Oil Dry Gas Condens Condens	Ħ l	
	Change in Ownership	Casinghead Gas Condens		
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo.	rmation Kin	d of Lease No.
	Lease Name	2 No. Los Pinos I		e, Federal or Fee Federal NM-6893
	WILMER CANYON Location			
	Unit Letter <u>C</u> : 1170	Feet From The <u>north</u> Line	and <u>1800</u> F	eet From The <u>West</u>
	Line of Section 25 Tow	nship 32N Range	8W , NMPM,	San Juan County
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA!	<u>s</u>	
	Name of Authorized Transporter of Oil	or Condensate X	Address force and eas to m.	ich approved copy of this form is to be sent)
	Plateau, Inc. Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	4775 Indian Sch Address to w	Rd., N.E., Albuquerque, NM 871 ich approved copy of this form is to be sent)
			l	emington New Mexico 87401
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When
	give location of tanks.		No	nher
IV.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool, a		Peepen Plug Back Same Res'v. Diff. Res'v
	Designate Type of Completio	n = (X)	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 6300'
	5-27-79		6493' Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	3719'	3864'
	6931 GR	Pictured Cliffs	3723	Depth Casing Shoe
	1 -	tured Cliffs)		6490'
			CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE 9-5/8"	233'	135 sxs
	12-1/4"	7"	4098'	310 sxs
	8-3/4" 6-1/4"	4-1/2"	3967'-6490'	300 sxs
	6-1/4	1-1/2",	3864'	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	fter recovery of total volume (pth or be for full 24 hours)	f load oil and must be equal to or exceed top allo
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)
	Date First New Oil France			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Oil-Bbls.	Water - Bbls.	Gas-MCF
	Actual Prod. During Test	011-86.		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Longino		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	1236 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke Size
	Pitot	100#	1763#	ASSERVATION COMMISSION
VI.	CERTIFICATE OF COMPLIANCE	O E		SERVATION COMMISSION
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	ed by Frank T. Chavez
	Commission have been complied with and that the informa above is true and complete to the best of my knowledge s		I ł	
		10	TITLE DEPUTY OF	the state of the s
			This form is to be	filed in compliance with RULE 1104.
(and the same of th	- Nan-		t for allowable for a newly drilled or deepend accompanied by a tabulation of the deviation
	(Signo		II	I IN TECOLOGICA MILL VOCE
	District Production		II able on new and recon	s form must be filled out completely for allow apleted wells.
	•	»E/	1)	- as are IT for changes of OWD
	August 30, 1979 (Da	nte)	If well same or number, o	tions I, II, III, and VI to thange of condition transporter, or other such change of condition—104 must be filed for each pool in multip
			Separate Forms C	