. OF COPIES RECEIVED		1_5	
DISTRIBUTION			
SANTA FE		1	
FILE		17	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
(HANSFOR) ER	GAS		
OPERATOR		I^{f}	
PRORATION OFFICE		T	

	_			
. OF COPIES RECEIVED]			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMIS	SION	Form C-104
SANTA FE /	REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-116 Effective 1-1-65
FILE	T	AND		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND N	ATURAL GAS	
LAND OFFICE	4			
TRANSPORTER GAS				
OPERATOR /				
PRORATION OFFICE				
Operator Southland Royalty Cor	many			
Address	riterally			
P.O. Drawer 570, Fam		401 Other (Please	lain 1	
Reason(s) for filing (Check proper box		Other (Freuse	xpium,	
New Well	Change in Transporter of: Cil Dry C	Gas X		
Recompletion		ensate ensate		
Change in Ownership	Cusinghead das conc			
change of ownership give name nd address of previous owner				
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including	Formation 1	(ind of Lease	Lease No.
Wilmer Canyon	2 Blanco Mesa V	_	State, Federal or Fee	Federal NM-6893
Location				
Unit Letter C; 1170	Feet From The north	ine and <u>1800</u>	Feet From The	west
Line of Section 25	wnship 32N Range	8W , имрм,	San Juar	n County
POLONIAMION OF TRANSPOR	TER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to	which approved copy	y of this form is to be sent)
Plateau, Inc.		4775 Ind. Sch.	Rd, N.E., All	buquerque, NM 87110
Name of Authorized Transporter of Cas	singhead Gas 🔲 💮 or Dry Gas 🔀	Address (Give address to	which approved copy	y of this form is to be sent)
Northwest Pipeline		P.O. Box 90, Fa		w Mexico 87401
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	When	
give location of tanks.				
this production is commingled wi	th that from any other lease or pool	, give commingling order	number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Resty. Diff. Resty.
Designate Type of Completic	on = (X)	1	1 1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	r.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubin	g Depth
		`		Control Characteristics
Perforations			Depth	Casing Shoe
		NO CEMENTING RECORD		SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	<u></u>	
	1			
The second secon	OD ALLOWARIE (Test must be	after recovery of total volum	e of load oil and mus	t be equal to or exceed top allow-
TEST DATA AND REQUEST F	able for this	depth or be for full 24 hours)		
Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc.)	
				SIL
Length of Test	Tubing Pressure	Casing Pressure	Choke	
	Oil-Bbis.	Water-Bbls.	Gae	MCF TELEVISION STORES
Actual Prod. During Test				SED 9 11070
				OH - 19/9
GAS WELL				OIL CON, COM.
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravi	ot copie in 3
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-	in) Choke	Size
	1	1	ONSERVATION	COMMISSION
CERTIFICATE OF COMPLIAN	CE	OIL C		
		APPROVED	NUV 1 3 1	979
hereby certify that the rules and	regulations of the Oil Conservation with and that the information giver		m <mark>med</mark> sy tahun a	of the same

VI. (

above is true and complete to the best of my knowledge and belief.

(STrature) District Production Manager September 19, 1979

(Date)

TITLE.

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 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, ell 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.

40. OF COPIES REC	EIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
222247.20.			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	LAND OFFICE	4				
	TRANSPORTER OIL	4				
	GAS	-			API 30-045-2345	59
	OPERATOR DESIGN					
I.	PRORATION OFFICE Operator					
	SOUTHLAND ROYALTY CO.	MPANY				
		mmington Now Movigo 97	401			
	P. O. Drawer 570, Fa. Reason(s) for filing (Check proper box		Other (Please	e explain)		
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Go	os 🔲			
	Change in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, including F	_	Kind of Lease	or Fee Federal	Lease No. NM-6893
	WILMER CANYON Location	2 Blanco Mesa V	erde	Diate, 1 dans	redelal	µvr-0093
	Unit Letter C; 11	70 Feet From The <u>north</u> Lir	ne and <u>1800</u>	Feet From 1	The <u>west</u>	
	Line of Section 25 To	wnship 32N Range	8W , NMPM	, San	Juan	County
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	ıs			
111.	Name of Authorized Transporter of Oil	or Condensate 🔏	Address (Give address	to which approv	ed copy of this form is to	be sent)
	Plateau, Inc.		4775 Indian Sc	h. Rd. N.	E., Albuquerque	e, NM 8711
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X			ed copy of this form is to	
	Martin Matural Gas	Company			on, New Mexico	<i>874</i> 01
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connecte	ed? Whe	n	
	give location of tanks.		No No	- number:		
IV.	If this production is commingled wincompletion DATA	th that from any other lease or pool,			1=	
	Designate Type of Completic	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restv.
			X 1		P.B.T.D.	i
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		6300'	
	5-27-79	8-15-79 Name of Producing Formation	6493' Top Oil/Gas Pay		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)		5857'		6219'	
	6931 GR	Mesa Verde			Depth Casing Shoe	
	5857' - 6226' Mesa Verde 6490'					
		TUBING, CASING, AND	CEMENTING RECOR	D		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEM	ENT
	12-1/4"	9-5/8"	233		135 sxs	
	8-3/4"	7"	4098		310 sxs	
	6-1/4"	4-1/2"	3967' - 6490		300 sxs	
		2-3/8"	6219		and must be equal to or e	xceed top allou-
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL OIL WELL Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (From	, pump, g us,	,,, e.u.,	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.		Gas MCF CE	
		<u> </u>			1012	3.3 /_
						The Control of the Co
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condendate	A PARTIE AND A PAR
	1825 MCFd	3 hours				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-1n)	Choke Size 3/4"	
	Back Pressure	1145	OII (CAISEBIA	TION COMMISSION	J
VI.	CERTIFICATE OF COMPLIAN	CE	ll OIL C	NONSERVA MON	1 3 1979	•
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVEDOrigin		FRANK T. CHAVEZ	19
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY			
					NSPECTOR, DIST. #3	
			This form is to	be filed in c	ompliance with RULE	1104.
_	RIA	Lytin	ll	he eccompai	able for a newly drille nied by a tabulation of	(US CRATHITOS)
(Signature)		li tests taken on the	well in accor	Seuce Mill MAFF 111	•	
	District Production Manager (Title)		All mections of	this form mu	t be filled out comple	tely for allow-
	•	ne)	able on new and re-		III and VI for chan	ges of owner,
	August 30, 1979 (De	well name or number	r, or transport	er, or other such chang	of condition	

Separate Forms C-104 must be filed for each pool in multiply completed wells.

(Date)