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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE U.S.G.S.		AND		Effective -	1-65		
	LAND OFFICE	AUTHORIZATION TO TR	RANSPORT OIL AND	NATURAL (SAS			
	TRANSPORTER OIL							
	GAS							
	PRORATION OFFICE							
1.	Operator							
		Southland Royalty Company						
	P. O. Drawer 570, Farmington, New Mexico 87499							
	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well	Change in Transporter of:	_		•			
	Recompletion Change in Ownership	Cil Dry C	 1	A	1 1004			
	Crainde in Ownership	Casinghead Gas Cond	ensate XX-Effecti	ve August	1, 1984			
	If change of ownership give name and address of previous owner							
н.	DESCRIPTION OF WELL AND Legge Name	Well No. Pool Name, Including	Formation	Kind of Lease	,	Lease No.		
	Reese Mesa	5 Blanco Mes	averde	State, Federal	or Fee Federal	NM-6892		
	Location		•					
	Unit Letter <u>C</u> ; 9	40 Feet From The North L	ine and <u>1430</u>	Feet From T	n• <u>West</u>			
	Line of Section 13 T	Cownship 32N Range	8W , NMPM	. San J	uan	County		
			· · · · · · · · · · · · · · · · · · ·	•				
III.	DESIGNATION OF TRANSPORMED OF Authorized Transporter of C	RTER OF OIL AND NATURAL G	AS Address (Give address)	to which arms	ed copy of this form	to be sens?		
 	Giant Refining Con	mpany	1			· 1		
	Name of Authorized Transporter of C	Casinghead Gas or Dry Gas 💥	P. O. Box 9156 Address (Give address	to which approv	ed copy of this form is	to be sent)		
	Northwest Pipel		P.O. Box 90,					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connecte	ed? Whe	n			
ı		with that from any other lease or pool	dive completeling and a					
	COMPLETION DATA							
	Designate Type of Complet	cion - (X)	New Well Workover	Deepen	Plug Back Same R	es'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u> </u>		
ĺ								
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
ļ	Perforations		<u> </u>		Depth Casing Shoe			
ĺ			D CEMENTING RECOR					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS CE	MENT		
ļ	<u></u>			· · · · · · · · · · · · · · · · · · ·				
[.								
•	DEST DATE AND DESCRIPTION		<u>i</u>		<u> </u>			
	EST DATA AND REQUEST FOR ALLOWABLE (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)							
- <u>-</u>	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lift	, etc.)			
ļ	Length of Test	Tubing Pressure	Casing Pressure		CHELDERY E	<i></i>		
	County of 1 and	I dom'd Pleased	Canny Pressure		IEAA P	,		
-	Actual Prod. During Test	Oil - Bbis.	Water - Bbls.	10) 15	Gas-MCF			
					11 1 1984			
	GAS WELL			J.	VICE LAND	• .		
-	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF		Gravity of Condensat	•		
				-	D151. 3			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	·in)	Choke Size			
V: 1	CERTIFICATE OF COMPLIAN	NCF	011 6	ONSERVA	TION COMMISSION			
٠., ٥	STREET TO THE OF COMPLIAN					~1 1 1 984		
1	hereby certify that the rules and regulations of the Oil Conservation		APPROVED	7/1		, 19		
	ommission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		BY Trank! Lave					
	-		T171 5		() SUPE	RVISOR DISTRICT		
	A		TITLE					
	$\bowtie \mathcal{H}$	1. Availer.	If this is a requ	est for allows	ompliance with RUL able for a newly dril	led or deepened		
-	(Signature)		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.					
	Secret							
	7-10-80							
_	1-	70 07	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.					
		(ate)	Il Mail Dame of Drugger	, or manaporta	tion orner each cher	Ea or congression		
	(1)	tate)	?1		be filed for each			