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LAND OFFICE					
TRANSPORTER	OIL				
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OPERATOR					
DOOD ATION OF					

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

	FILE /		AND Effective 1-1-65						
	U.S.G.S.	<del>  </del>	AUTHORIZATION TO TRA	NSPORT	OIL AND NATURAL G	AS			
	LAND OFFICE	$\perp$							
	TRANSPORTER	1							
	GAS j	-							
	OPERATOR 2	4				API 30-045-23535			
1.	PRORATION OFFICE Operator								
	Southland Royalty Company								
	Address	Address							
	P. O. Drawer 570, Farmington, New Mexico								
	Reason(s) for filing (Check proper box)  Other (Please explain)								
	New Well Change in Transporter of:								
	Recompletion		Oil Dry Ga	s 📙					
	Change in Ownership		Casinghead Gas Conder	sate					
	If change of ownership give nat and address of previous owner.								
			•						
II.	I. DESCRIPTION OF WELL AND LEASE    Vell No.   Pool Name, Including Formation   Kind of Lease   Lease								
	Lease Name		19 Blanco Pictur	ed Clif	fs ext. XXXX Foderal	<b>***</b> Federal \$F-077648			
	Davis Location		19 Blanco riccur	<u>ca 0111</u>	1,5				
Unit Letter E : 1840 Feet From The north Line and 1110 Feet From The West									
	Unit Letter;	1040	Feet from TheEm	e unu					
	Line of Section 1	Towns	hip 31N Range	12W	, NMPM, San	Juan County			
	Line of Section 2		·····						
111	DESIGNATION OF TRANSF	PORTE	R OF OIL AND NATURAL GA	.s		the state for it to be contil			
	Name of Authorized Transporter of	of Oil	or Condensate	Address (C	Give address to which approv	ed copy of this form is to be sent)			
	i I			1	2 1/4	ed copy of this form is to be sent)			
	Name of Authorized Transporter	of Casing	ghead Gas or Dry Gas X	Address (f	, we address to which approv	eld, New Mexico 87413			
	Southern Union Ga	S Com	ipa'ny	1 P.U. B	ually connected? Whe				
	If well produces oil or liquids,	U	nit Sec. Twp. P.ge.	No					
	give location of tanks.			1					
	If this production is commingled with that from any other lease or pool, give commingling order number:								
IV.	COMPLETION DATA		Oil Well Gas Well	New Well	Workover Deepen	Plug Back   Same Resty.   Diff. Resty.			
	Designate Type of Comp	letion		\ X					
	Date Spudded		cate Compl. Ready to Prod.	Total Dep	th	P.B.T.D.			
	10-13-79	-	12-11-79		3029'	3006'			
	Elevations (DF, RKB, RT, GR, e	vic N	dame of Producing Formation	Top 011/G		Tubing Depth			
	6307' GR	,	Pictured Cliffs		2886'				
	Perforations					Depth Casing Shoe 3016			
	2886' - 2916'								
			TUBING, CASING, AND	CEMENT		SACKS CEMENT			
	HOLE SIZE		CASING & TUBING SIZE	ļ	DEPTH SET	110 sacks			
	12-1/4"		8-5/8"	ļ	147' 3016'	293 sacks			
	6-3/4"		2-7/8"	ļ	3010	230 Jagks			
		_		<del> </del>					
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-								
V.	TEST DATA AND REQUES	T FOR	ALLOWABLE (1 est must be a able for this de	pth or be fo	r full 24 hours)				
	OIL WELL   Date First New Oil Run To Tank	. 5	cate of Test	Method (Flow, pump, gas life	t, etc.)				
	Date First New On Hair For Family								
	Length of Test	7	ubing Pressure	Casing Pa	essue	Choke Size			
				ļ		Gae-MCF			
	Actual Prod. During Test	C	oil-Bbis.	Water - Bb	1 <b>1.</b>				
				J					
						DEC281979			
	GAS WELL	<del></del>	ength of Test	Bbls. Con	densate/MMCF	Offer Oak on Did.			
	Actual Prod. Test-MCF/D	-	ength of 1000		<b>\</b>	DIST 2			
	555 MCF/d Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		essure (Shut-in)	DIST. 3			
	Pitot	1		7	65#				
		TANCE			OIL CONSERVA	TION COMMISSION			
VI.	CERTIFICATE OF COMPL	JANCE			JAN 2	1980			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED						
			By Original Signes 2, manual a striAveZ						
	above is true and complete to the best of my knowledge and belief.								
			TITLE						
			This form is to be filed in compliance with RULE 1104.						
( Van					Pengend of hellish when a set at a set and a filed of deepenge				
District Production Manager (Title)  December 20, 1979			well, this form must be accompanied by a table.						
			11 41	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 same or number, or transporter, or other such change of condition.					
			11						
			Fi						
	(Date)			Well na	parate Forms C-104 must	be filed for each pool in multiply			
				comple	completed wells.				