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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supercedes Old C-104 and C-110

	SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-65	
- }	FILE		AND	· A C	
-	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	5A3	
-	LAND OFFICE				
	IRANSPORTER OIL GAS				
}	OPERATOR		AP I	30-045-23644	
	PRORATION OFFICE		_		
1.	Operator Operator				
	Southland Royalty Company				
	Address				
	P. O. Drawer 570, Farmington, New Mexico 87401				
l	Reason(s) for filing (Check proper box) Other (Please explain)				
ļ	New We!1 X Change in Transporter of:				
	Recompletion	Oil Dry Ga	ıs 🔲		
	Change in Ownership	Casinghead Gas Conder	nsate		
	change in ourself				
	If change of ownership give name				
	and address of previous owner				
71	DESCRIPTION OF WELL AND I	EASE		- Na	
11.	Lease Name	Well No. Pool Name, including F			
	Dusenberry	3-E Basin Dakota	Rock Red X co	XXX Fee FEE	
	Location				
	Unit Letter <u>H</u> : 1720 Feet From The <u>north</u> Line and 790' Feet From The <u>east</u>				
	Unit Letter				
	Line of Section $ I $ Tow	nship 31N Range	12W , NMPM, Sar	1 Juan County	
П.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Or Condensate Address (Give address to which approved copy of this form is to be sent)				
	None of Authorized Transporter of Oll or Condensate M				
	Distant Inc		4775 Ind. Sch. Rd. N.E. Address (Give address to which appro	Albuquerque, NM 87110	
	Plateau, Inc. Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas 🔀	1		
	Southern Union Gatheri	nq	P.O. Box 1899, Bloomfie		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en	
	give location of tanks.	1	No		
	If this production is commingled with that from any other lease or pool, give commingling order number:				
11/	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.	
. ¥		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Hes'v.	
	Designate Type of Completio	n - (X)	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 7626'	
	8-09-79	10-23-79	7704'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay	Tubing Depth	
	6375' GR	Dakota	7436'	7612' Depth Casing Shoe	
	Perforations				
	7436' - 7626' (Dakota	1)		1 7030	
			D CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	200 sxs	
	13-3/4"	10-3/4"	232 Tot at	ge 150 sxs - 2nd stge 280s	
	9-5/8"	7-5/8"		257 sxs	
	6-3/4"	5-1/2"	4910'-7658'	237 343	
		2-1/16"	7612'		
v	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 allowable for this depth or be for full 24 hours)				
٠.	OII. WELL				
	Date First New Cli Run To Tanks	Date of Test	producing watness (1 test per 4) 5		
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Coamy , ross	110000	
			Water - Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	1 1 2 2		
				17731.0	
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Conducate	
	Actual Prod. Test-MCF/D	Length of Test			
	1268	3 hours	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		3/4"	
	Back Pressure	1353	OU CONSERV	ATION COMMISSION	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	2 4070	
			APPROVED		
	I hereby certify that the rules and regulations of the Oil Conservation		II _ aA bar A R KENDIT iga		
	I hereby certify that the rules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY		
	above is true and complete to the book of my		\$1774/86		
			TITLE		
			This form is to be filed in compliance with RULE 1104.		
,	Win I Van		If this is a request for allo	wable for a newly drilled or deepened	
	(Signature)		well, this form must be accompanied by a transfer with RULE 111.		
	District Production Manager		tests taken on the well in accordance with our completely for allow-		
	District Production Manager (Title)		il the on new and recompleted waits.		
				II. III, and VI for changes of owner, or other such change of condition.	
	November 8, 1979 (D)	ate)	II . ti mame or number, or transpor	st be filed for each pool in multiply	
	(0)		Separate Forms C-104 mu	ist of tited for appr hand	
			completed wells.		