NO. OF COPIES REC			
DISTRIBUTION			
SANTA FE	1		
FILE		7	
U.S.G.S.			
LAND OFFICE	LAND OFFICE		
TRANSPORTER	OIL	1	
IRANSPORTER	GAS	17	
OPERATOR		7	
PRORATION OFFICE			
Operator	<del></del>		

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	FILE /		AND	1		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS		
	TRANSPORTER GAS	1				
	OPERATOR /	†				
1.	PRORATION OFFICE	1	1	API 30-045-23644		
	Operator					
	Southland Royalty Com	pany				
		mington, New Mexico 874	101			
	Reason(s) for filing (Check proper box,	)	Other (Please explain)			
	New We!!	Change in Transporter of:  Oil Dry Ga				
	Recompletion Change in Ownership	Cil Dry Ga  Casinghead Gas Conden	<u> </u>			
	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 Leas	Lease No.		
	Dusenberry	$ _{3-E}$ Undesignated G	Gallup XXXXXXX	PXX Fee FEE		
	Location			and t		
	Unit Letter H; 172	O Feet From The north Lin	ne and 790 Feet From	The <u>east</u>		
	Line of Section 1 Tov	wnship 31N Range	12W , NMPM, 5	San Juan County		
111.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	Address (Give address to which appro	oved copy of this form is to be sent)		
		<del>4</del> -	4775 Ind. Sch. Rd. N.E.	, Albuquerque, NM 87110		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 🔀	Address (Give address to which appro	oved copy of this form is to be sent)		
	Southern Union Gather	ring	P. O. Box 1899, Bloomf:  Is gas actually connected?  When the state of	ield, New Mexico 87413		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	.5 905			
	give location of tanks.	i di	nive commingling order number:			
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		Plug Back   Same Res'v. Diff. Res'v.		
- • •	Designate Type of Completic	OII Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Hes'v.		
		Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.		
	Date Spudded	10-30-79	7704'	7626 '		
	8-09-79 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	6375' GR	Gallup	6818'	6730' Depth Casing Shoe		
	Perforations			7658'		
	6818' - 6871'	TURING CASING AND	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13-3/4"	10-3/4"	232'	200 sxs		
	9-5/8"	7-5/8"		e 150 sxs/2nd stge 280 sx 257 sxs		
	6-3/4"	5-1/2" 1-1/2"	4910'-7658' 6699'	237 383		
	TOTAL AND DECLIEST F	OP ALLOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
V. TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)  OIL WELL  Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run To Tanks Date of Test  Producing Method (Flow, pump, gas tiff, etc.)			,,,,		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Length of less	_				
	Actual Pred. During Test	Oil-Bble.	Water - Bbls.	Gas - MCF		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	1795	3 hours	Casing Pressure (Shut-in)	Choke Size		
	1795 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 1107	1178	3/4"		
	Back-Pressure		I	ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	CE				
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	<del>3 1979</del>		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original Signed by A. E. Mandrick SUPERVISOR DISTRICT 第3				
		SUPERVISOR DISTRICT 第 3				
			This form is to be filed in compliance with RULE 1104.			
		(	December of hellish vivnes a section is			
District Production Manager  (Title)  November 8, 1979  well			well, this form must be accomp	ordance with RULE 111.		
			Attactions of this form must be filled out completely for allow-			
			able on new and recompleted w	Fill out only Sections I. II. III, and VI for changes of owner,		
			Il wall same or number, or transpo			
	(De	ate)	Separate Forms C-104 mu	at be filed for each pool in multiply		
			completed wells.			