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**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

Operator
Southland Royalty Company
Address
P. O. Drawer 570, Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-------------------------|---|--|-----------|
| Lease Name Grenier | Well No. #11E | Pool Name, including Formation Basin Dakota | Kind of Lease XXXXXXX Fee FEE | Lease No. |
| Location Unit Letter N ; 1075' Feet From The South Line and 1850' Feet From The West | | | | |
| Line of Section 13 Township 31N Range 12W , NMPM, San Juan County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Plateau, Inc. | P. O. Box 108, Farmington, NM 87401 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Southern Union Gathering | P. O. Box 1899, Bloomfield, NM 87413 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? No When |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

| | | | | | | | | |
|---|---|-----------------------------------|------------------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 10-6-79 | Date Compl. Ready to Prod. 12-31-79 | Total Depth 7340' | P.B.T.D. 7295' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6087' GR | Name of Producing Formation Dakota | Top Oil/Gas Pay 7075' | Tubing Depth 7242' | | | | | |
| Perforations Dakota: 7075' - 7264' | | Depth Casing Shoe 7304' | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|---------------|--------------|
| 13 3/4" | 10 3/4" | 200' | 200 sacks |
| 9 7/8" | 7 5/8" | 4819' | 514 sacks |
| 6 3/4" | 5 1/2" | 4663' - 7304' | 300 sacks |
| | 2 3/8" | 7242' | |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

| | | |
|---------------------------------|-----------------|---|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |



GAS WELL

| | | | |
|--|---|---------------------------|---------------------------|
| Actual Prod. Test-MCF/D 1918 | Length of Test 3 Hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (shut-in) 1609 psig | Casing Pressure (shut-in) | Choke Size 3/4" |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
District Production Manager
(Title)
January 23, 1980
(Date)

**OIL CONSERVATION COMMISSION
JAN 28 1980**

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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, well 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.