NO. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		17	
FILE		17	2
U.S.G.S.		Ĭ	
LAND OFFICE		Ĭ	
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		1	
PRORATION OFFICE		J	
Operator			
Southland R	oyalt	ty C	Compa

	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 / Supersedes Old C-104 and C-110 Effective 1-1-65							
	FILE /		AND								
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURA	L GAS							
	LAND OFFICE										
	TRANSPORTER OIL / GAS /			30-045-23 159							
	OPERATOR /	1									
1.	PRORATION OFFICE										
	Operator										
	Southland Royalty Comp	oany									
	Address										
	P. O. Drawer 570, Farm	nington, NM 87401									
	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	nsate	4							
	If change of ownership give name										
	and address of previous owner										
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of L	ease Lease No.							
	Lease Name		:	derdixxxxX Federal SF-077648							
	Davis	#8E Basin Dakota	7001	TWIND TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO							
	Location		7001	Fact							
	Unit Letter H : 152	20' Feet From The North Lin	e andFeet Fr	om The <u>East</u>							
				-							
	Line of Section 11 Tox	wnship 31N Range	12W , NMPM, San	Juan County							
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS								
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which at	oproved copy of this form is to be sent)							
			P. O. Box 108, Farmin	ngton, NM 87401							
	Plateau, Inc. Name of Authorized Transporter of Cas	singhead Gas 📉 or Dry Gas 🗔	Address (Give address to which a	oproved copy of this form is to be sent)							
	Southern Union Gather:		P. O. Box 1899, Bloom	mfield, NM 87413							
		Unit Sec. Twp. F.ge.	Is gas actually connected?	Wnen							
	If well produces oil or liquids,		No	i							
	give location of tanks.	1	<u> </u>								
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:								
IV. COMPLETION DATA											
	Designate Type of Completic	(Y)	1								
	Designate Type of Completion	!	X Total Depth	P.B.T.D.							
	Date Spudded	Date Compl. Ready to Prod.	1								
	11–18–79	1-30-80	7594'	7590¹							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	' ' '							
	6324'	Dakota	7467'	7568'							
	Ferforations .			Depth Casing Shoe							
	7467'-7573'			7592'							
		TUBING, CASING, AND	CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	12 1/4"	9 5/8"	234 '	105 sacks							
	8 3/4"	7"	5061'	261 sacks							
	6 1/4"	4 1/2"	4948'-7592'	312 sacks							
	0 1/ 4	2 3/8"	7568'	<u> </u>							
			feer recovery of total volume of load	oil and must be equal to or exceed top allow-							
V.	able for this depth or be for full 24 hours)										
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	is lifty ever)							
	Date First New Off Hair 70 , and		7								
		Tubing Pressure	Casing Pressure	.Chple 114							
	Length of Test		/								
	The state of the s	Oil-Bble.	Water - Bbls.	FEB TAMBOO							
	Actual Prod. During Test	J 2	1	FEB 14 COM.							
											
				DIL DIST. 3							
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate							
	Actual Prod. Test-MCF/D	Length of Test	Bota, Colination of								
	1591	3 hours	Casing Pressure (Shut-in)	Choke Size							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	· I	3/4"							
	Back Pressure	1190	1200								
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSE	RVATION COMMISSION							
* • •	CERTIFICATE OF TRANSPORT		FEB 1 9 1980 19								
	The same and the the sules and	regulations of the Oil Conservation	APPROVED 1 1 3 1300 , 19								
above is time and complete to the			BY Original Signed by FRANK T. CHAVEZ								
			SUPERVISOR DISTRICT # 3								
			TITLE								
District Production Manager			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.								
							February 4,	1980	Fill out only Sections	I. II. III. and VI for changes of owner.	
						(Date)			well name or number, or transporter, or other such change of condition well name Forms C-104 must be filed for each pool in multiply		

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.