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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**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-110  
Effective 1-1-65

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

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Patterson "B" Com	Well No. #1E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. FEE
Location Unit Letter <u>M</u> <u>805'</u> Feet From The <u>South</u> Line and <u>895'</u> Feet From The <u>West</u>				
Line of Section <u>2</u> Township <u>31N</u> Range <u>12W</u> <u>NM 564</u> San Juan County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) 4775 Ind. Schl. Rd, NE, Albuquerque, NM 87110
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413
Is this gas actually connected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**IV. COMPLETION DATA**

Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date of Completion 7-17-80	Date Compl. Ready to Prod. 11-10-80	Total Depth 7450'	Elevations (DF, KKB, RT, GR, etc.) 6219' GR				
Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 7207'	Tubing Depth 7415'				
Performance Dakota: 7207' - 7447'		Depth Casing Shoe 7450'					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8", 32.30#	322'	125 SX
8 3/4"	7", 23#	5064'	<del>350</del> 110 SX
6 1/4"	4 1/2", 10.5#	4925' - 7450'	310 SX
	2 3/8", 4.7#	7415'	

**V. 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)

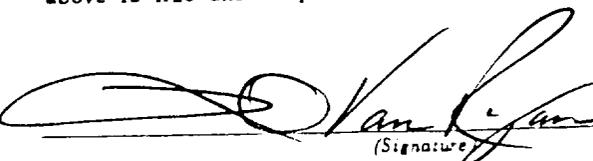
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D 615	Length of Test 72 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (shut-in) 1141	Casing Pressure (shut-in) 1164	Choke Size

**VI. 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.

  
 District Production Manager  
 (Title)  
 11-13-80  
 (Date)

OIL CONSERVATION COMMISSION  
 NOV 20 1980

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 Original Signed by FRANK T. CHAVEZ  
 BY \_\_\_\_\_  
 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.