

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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 FEE	Lease No.
Location Unit Letter M 805' Feet From The South Line and 895' Feet From The West Line of Section 2 Township 31N Range 12W 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 well produces oil or natural gas? <input type="checkbox"/> Give location of tanks	Is gas actually collected? <input type="checkbox"/> No	Other

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 Compl. Ready to Prod. 11-10-80	Total Depth 7450'	Perforations 7450'
7-17-80	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7207'	Tubing Depth 7415'
Elevations (DF, KKB, RT, GR, etc.) 6219' GR			Depth Casing Shoe 7450'
Performance Dakota: 7207' - 7447'			

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'	350 110 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)

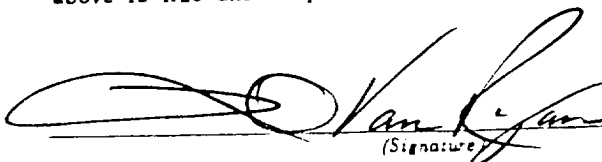
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

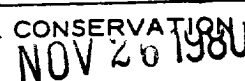
Actual Prod. Test-MCF/D 615	Length of Test 72 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (shut-in) 1141	Casing Pressure (shut-in) 1164	Choke Size

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

APPROVED  , 19  
Original Signed by FRANK T. CHAVEZ  
BY  
SUPERVISOR DISTRICT #3  
TITLE

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.