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| 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 Davis | Well No. #9E | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. SF-077648 |
| Location Unit Letter A ; 945' Feet From The North Line and 820' Feet From The East Line of Section 12 Township 31N Range 12W , NMPM, 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 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Pge. | Is gas actually connected? | When |
| | | | | | No | |

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

IV. 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 8-5-80 | Date Compl. Ready to Prod. 10-30-80 | | Total Depth 7630' | | P.B.T.D. 7596' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6342' GR | Name of Producing Formation Dakota | | Top Oil/Gas Pay 7388' | | Tubing Depth 7625' | | | |
| Perforations DK: 7388' - 7540' | | | | | Depth Casing Shoe 7625' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 9 5/8", 32.30# | | 228' | | 110 SX | | | |
| 8 3/4" | 7", 23# | | 5113' | | 105 SX | | | |
| 7 1/4" | 4 1/2", 10.5 & 11.6# | | 4940' - 7625' | | 315 SX | | | |
| | 2 3/8", 4.7# | | 7525' | | | | | |

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 Bbls. |

GAS WELL

| | | | |
|---|---------------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D 143 MCF | Length of Test 3 hrs. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) Back Pressure | Tubing Pressure (shut-in) 65 | Casing Pressure (shut-in) | Choke Size 3/4" |

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)
12-22-80
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 11 1981
BY Original Signed by FRANK T. CHAVEZ
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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

P.O. Drawer 570, Farmington, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 945' FNL & 820' FSL

AT TOP PROD. INTERVAL: E

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other)

SUBSEQUENT REPORT OF:

Re-Seeding

☒

RECEIVED

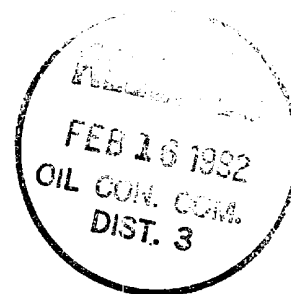
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

FEB 10 1982

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

"Re-seeding has been completed as per stipulations."



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED R. E. Field TITLE Dist. Engineer DATE February 8, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

FEB 12 1982

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
BY Sh

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-11
Effective 1-1-65

RECEIVED FT. WORTH

FEB 16 1982

PRODUCTION

| | |
|-------------------|------------|
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator
Southland Royalty Company

Address
P. O. Drawer 570, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

| | | | | |
|---------------------|--------------------------|---------------------------|--------------------------|------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | POOL CHANGE |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | |
| | | Dry Gas | <input type="checkbox"/> | |
| | | Condensate | <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|--|--|------------------------|
| Lease Name Davis | Well No. #9E | Pool Name, including Formation Blanco Pictured Cliffs | Kind of Lease State, Federal or Fee Federal | Lease No. SF-077648 |
| Location | | | | |
| Unit Letter A : 945 Feet From The North Line and 820 Feet From The East | | | | |
| Line of Section 12 Township 31 North Range 12 West , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| 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, N.M. 87413 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | Yes |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.,) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| Perforations | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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)

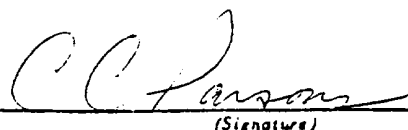
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water -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

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

1. 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)

February 9, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Signed by CHARLES CHOLSON

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.