	DISTRIBUTION SANTA FE FILE		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104		
				REQUEST FOR ALLOWABLE AND	
	U.S G.S.			PORT OIL AND NATURAL GAS	
1.	LAND OFFICE				
	TRANSPORTER	OIL			
		GAS	7		
	OPERATOR				
	PRORATION OFFICE				
	Oper stor				
	Scuthland Royalty Company				
	Addr +SS				
	P. O. Drawer 570, Farmington, NM 87401 Person's for filing (Check grover box) Other (Please explain)				
	(Costantial Costantial				
	New We!l A Change in Transporter of:				
	Recompletion Oil Dry Gas				
	Change in Ownership Casinghead Gas Conde		Casinghead Gas Condensate		
	If change of owners and address of prev	ious owner) LEASE	ton Kind of Lease	Leas● No.
	Lease Name		Well No. Pool Name, Including Format		4
	Thompson #5M Basin Dakot		#5M Basin Dakota	State, Federal or Fee	Federal NM-01614
	Location				
	Unit Letter I : 1765' Feet From The South Line and 860' Feet From The East				
	L ne of Section	33 1	ownship 3]N Range 12V	, _{NMPM} , San Juan	County
111	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
-42.	Name of Authorized Transporter of Oil or Condensate		or Condensate X Add	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 or Dry Gas X. Address (Give address to which approved copy of this form is to be sent)				

P.ge.

Gas Well

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TUBING, CASING, AND CEMENTING RECORD

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)

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

Date Compl. Ready to Prod.

Name of Producing Formation

Basin Dakota

Date of Test

Oil-Bhis.

Tubing Pressure

Length of Test

892

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)

(Title)

District Production Manager

9-12-80

3 hours
Tubing Pressure (shut-in)

8-25-80

CASING & TUBING SIZE

10 3/4", 32.75# 7 5/8", 26.40# 5 1/2", 15.50# 1 1/2", 2.90#

Southern Union Gathering

Designate Type of Completion - (X)

If well produces oil or liquids,

Elevations (DF, RKB, RT, GR, etc.)

DK: 6853' - 7009'

3/4" 5/8"

Date First New Oil Run To Tanks

Actual Prod. During Test

Actual Prod. Test-MCF/D

Back Pressure

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

6 3/4"

HOLE SIZE

give location of tanks.

IV. COMPLETION DATA

6-14-80

5976' GR

Perforations

OIL WELL

GAS WELL

Gravity of Condensates Bbis. Condensate/MMCF Choke Size Casing Pressure (Shut-in) 3/4" OIL CONSERVATION COMMISSION OCI 24 Paul

P. O. Box 1899, Bloomfield, NM 87413

Deepen

Plug Back

P.B.T.D.

7019'

Tubing Depth

7007'

70631

140 sx

180 sx

495 sx

Choke Size

Depth Casing Shoe

SACKS CEMENT

is gas actually connected?

No

New Well Workover

Υı

7063

6853**'**

228'

4580'

7007

4426' -

Casing Pressure

APPROVED

BY.

Water - Bbls.

DEPTH SET

7063'

Producing Method (Flow, pump, gas lift, etc.)

Top Oil/Gas Pay

Total Depth

Same Res'v. Diff. Res'v.

SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with RULE 1104.

Original Signed by FRANK T. CHAVEZ

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.