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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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Richardson	Well No. #9E	Pool Name, Including Formation Basin Dakota	Kind of Lease XXX Federal XXXX SF-077651	Lease No.
Location				
Unit Letter L	1755'	Feet From The South	Line and 815'	Feet From The West
Line of Section 15	Township 31N	Range 12W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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 checked="" type="checkbox"/> or Dry Gas <input 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.	Rge.
	Is gas actually connected? No	
	When	

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 4-20-80	Date Compl. Ready to Prod. 7-8-80	Total Depth 7365'	P.B.T.D. 7326'					
Elevations (DF, RKB, RT, GR, etc.) 6167' GR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7115'	Tubing Depth 7266'					
Perforations Dakota: 7115'-7316'			Depth Casing Shoe 7362'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8", 32.3#	237'	140 SX					
8 3/4"	7", 23#	4864'	380 SX					
6 1/4"	4 1/2", 10.5#	4709'-7362'	310 SX					
	2 3/8", 4.7#	7266'	---					

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 185 MCF	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 960	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.

  
(Signature)  
District Production Manager  
(Title)  
7-25-80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 24 1980**, 19  
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.