Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS
Well API No.

SOUTHLAND ROYALTY COM		30-045-26943							
Address P. O. BOX 4289, FARMI	TNGTON NM S	37499	···	·					
Reason(s) for Filing (Check proper box)	INGION, NP C		Oth	x (Please expla	uin)				
lew Well	~_	Transporter of:							
Accompletion L	Oil Casinghead Gas	Dry Gas X							
change of operator give name	Campicat Cas	CORRELATE							
d address of previous operator DESCRIPTION OF WELL	ANDIFACE								
LESCRIPTION OF WELL .	Well No. Pool Name, Including			ng Formation Kind o			of Lease No.		
RATTLESNAKE CANYON	102	ITLAND COAL Su			Federal or Fee K-5737				
Coation Unit Letter P	_:1185	Feet From The	OUTH Lin	and118	5 Fe	et From The _	EAST	Line	
Section 32 Township	p 32 NORTH	Range 08 WES	T , NI	мрм,	SAN J	UAN		County	
II. DESIGNATION OF TRAN	SPAPTED AF A	II AND NATII	PAT GAS						
lame of Authorized Transporter of Oil MERIDIAN OIL INC.	or Conden		Address (Giv	e address to wh BOX 4289					
lame of Authorized Transporter of Casing		or Dry Gas 💢	Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se		
NORTHWEST PIPELINE CO				BOX 90, FARMINGTON, NM 87499 When?					
ve location of tanks.	P 32	32N 08W	is gas access	, william 1		·			
this production is commingled with that: V. COMPLETION DATA	from any other lease or	pool, give commingle	ing order num	ber:	<u> </u>				
Designate Type of Completion	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	<u> </u>	I	P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
erforations			<u> </u>			Depth Casin	g Shoe		
	TIRING	CASING AND	CEMENT	NG PECOP	D	<u> </u>			
HOLE SIZE	CASING & TU		CLIVILIATI	THE HARD	PER	MEG	ACKS CEM	ENT	
					ari	V E III	1		
		 		<u> </u>	1 2 1 10				
				نا ل	L21 18	39			
. TEST DATA AND REQUES			h		ON.	DIV	for full 24 hour	1	
IL WELL (Test must be after rate First New Oil Run To Tank	Date of Test	oj ioda ou ana musi		ethod (Flow, pu			or juit 24 nou	73.)	
			Casing Pressure			Choke Size			
ength of Test	Tubing Pressure		Casing Plessure						
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				
esting Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFIC	ATE OF COM	PLIANCE		OII	ICED:	ATION		\N.I	
I hereby certify that the rules and regul			'	OIL CON	NSERV	ATION	DIAIPIC	N	
Division have been complied with and is true and complete to the best of my		CII MOUYE	Date	Annrous	a 🥠		୍ରଶ୍ୱର		
Seex Sens	idel			Approve Origina	Signed by	CHARLES	GHOLSON		
PEGGY BRADFIELD	REGULATORY	Y AFFAIRS	∥ By_			 			
Printed Name JULY 20, 1989	(505) 326-	Title - 9727	Title	Da.Fu (y	ekt.	:	فني ويرفعه	·	
Date	<u> </u>	ephone No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.