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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 '93 MAR 5 AM 9 24

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

OIL CONSERVATION DIVISION
RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Southland Royalty Co	Well API No. 30-045-07336
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Add Fruitland Coal and commingle Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> w/Pic.Cliffs	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name McClanahan	Well No. 6	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. SF-079634
Location Unit Letter <u>F</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>1500</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>28</u> Range <u>10</u> , <u>NMPM</u> , 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"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sunterra Gas Gathering	Address (Give address to which approved copy of this form is to be sent) PO Box 1899, Bloomfield, NM 87413	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 23
	Twp. 28	Rge. 10
Is gas actually connected? When?		
If this production is commingled with that from any other lease or pool, give commingling order number: DHC 858		

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 5-9-56	Date Compl. Ready to Prod. 10-7-92	Total Depth 2125'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 5938'	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 1900'	Tubing Depth 2025'					
Perforations 1900-14', 1949-58', 1965-68', 2002-16'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	8 5/8"		185' / 95'		110 sx			
	5 1/2"		2125'		100 sx			
	2 3/8"		2025'					

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 better for full 24 hours)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size NOV 24 1992
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIV DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 846	Length of Test 3	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) backpressure	Tubing Pressure (Shut-in) 240	Casing Pressure (Shut-in) 240	Choke Size 3/4"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Peggy Bradfield
Printed Name
11-20-92
Date
Reg. Affairs
326-9700
Telephone No.

OIL CONSERVATION DIVISION

2-25-93
Date Approved FEB 25 1993

By Gavin Bush
Title DEPUTY OIL & GAS INSPECTOR, DIST. 33

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.