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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

BK.

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 <u>Medio Canyon</u>	Well No. <u>#5</u>	Pool Name, including Formation <u>West Lindrith Gallup Dakota</u>	Kind of Lease XXXX Federal XXXX Federal	Lease No. <u>Jic. 416</u>
Location Unit Letter <u>I</u> ; <u>1980'</u> Feet From The <u>South</u> Line and <u>790'</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>24N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> 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"/> <u>Basin, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2297, Midland, TX 79701</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Northwest Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 90, Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<u>No</u>	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>11-19-79</u>	Date Compl. Ready to Prod. <u>5-24-80</u>		Total Depth <u>7574'</u>		P.B.T.D. <u>7530'</u>			
Elevations (DF, RKB, RT, GR, etc.,) <u>7150' GR</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>7306'</u>		Tubing Depth <u>7448'</u>			
Perforations <u>Dakota: 7306' - 7415'</u>					Depth Casing Shoe <u>7574'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8", 24#</u>		<u>223'</u>		<u>225 sacks</u>			
<u>7 7/8"</u>	<u>4 1/2", 10.5#</u>		<u>7574'</u>		<u>710 sacks</u>			
	<u>2 3/8", 4.7#</u>		<u>7448'</u>					

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 <u>5-24-80</u>	Date of Test <u>5-24-80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>23 hours</u>	Tubing Pressure <u>121#</u>	Casing Pressure <u>--</u>	Choke Size <u>1"</u>
Actual Prod. During Test <u>GOR 7070/1</u>	Oil-Bbls. <u>142</u>	Water-Bbls. <u>54</u>	Gas-MCF <u>1004</u>

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

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)

5-29-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 26 1980, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT

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.