un de comit a nea fivite DISTRIBUTION NEW MEXICO OIL CONTROVATION COMMISSION Form C -104 SAUTA FE Supersedes Old C-104 and C-110 Liftnotive 1-1-65 REQUEST FOR ALLOWABLE F 44.7. OHA u.s.c.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRAIL PORTER GAS OPERALOR PRORALION OFFICE Southland Royalty Company P. O. Drawer 570, Farmington, New Mexico 87499 Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: Cil Recompletion Casinahead Gas Condensate Change In Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE. Well No. Kind of Lease Pool Name, Including Formation State, Federal or Fee Federal Capulin Mesa 2 Gavilan Pictured Cliffs Location Feet From The South Line and 1650 Feet From The West X E : 800 Unit Letter__ , NMPM, 25N Range 1W Rio Arriba Township Line of Section IL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of OII Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Name or Authorized Transporter of Casinghead Gas P.O. Box 990, Farmington, New Mexico 87499 El Paso Natural Gas Company Twp. Is gas actually connected? When Unit If well produces oil or liquids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oll Well Same Resty. Diff. Resty Plug Back New Well Workover Deepen Gas Well Designate Type of Completion -(X)Χ P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spuaded 3587 3615' 11-10-82 9-7-82 Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oll/Gas Pay Tubing Depth 7414' GL Pictured Cliffs 3489' Depth Casing Shoe Perforations 3489'-3552' 3595.71' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 177 cu.ft. 226' 8-5/8" 12-1/4" 6-3/4" 506 cu.ft. 2-7/8" <u>3595.71</u> (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size ubing Pressure Casing Pressure Length of Test Gan - MCF Water - Bbls. Actual Prod. During Test Oil-Bbls. GAS WELL Actual Prod. Teet-MCF/D Bbis. Condensate/MMCF

Gravity of Condensate 3 hours 460 MCF/D Casing Pressure (Shut-in) Choke Size Tubing Preseure (shut-in) Testing Nothod (puot, back pr.) 3/4" 871 Back Pressure

APPROVED.

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.

Celtur J.	Buyen
7.	(Signatural)
Secretary	
	(Title)

(Date)

<u>July 14, 1983</u>

TITLE . This form is to be filed in compliance with RULE 1104.

SUPERVISOR DISTRICT # 3

OIL CONSERVATION COMMISSION

JUL 1 5 1983

Original Signed by FRANK T. CHAVEZ

I egge No.

County

NM-42417

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 MULE 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.