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LAND OFFICE		I		
IRANSPORTER	OIL			
	GAS	17		
OPERATOR		17		
PROBATION OFFICE				

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AND	Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	AL CAS				
	LAND OFFICE	ASTRONIZATION TO TR	AND ON TOPE AND NATUR	AE OAS				
	OIL	1						
	TRANSPORTER GAS	1						
	OPERATOR /	1		API 30-039-22011				
	PRORATION OFFICE	1						
Operator  Southland Royalty Company  Address  P. O. Drawer 570, Farmington, New Mexico 87401  Reason(s) for filing (Check proper box)  Other (Please explain)								
New Well X Change in Transporter of:								
	Recompletion	Cil Dry G	os 🔲					
	Change in Ownership	Casinghead Gas Conde	nsate					
				······································				
	If change of ownership give name							
	and address of previous owner							
11	DESCRIPTION OF WELL AND	I FASE						
11.	Lease Name	Well No. Pool Name, Including F	ormation Kind of I	Lease No.				
	Arizona Jicarilla "B"	5-R Blanco Mesa V	Erde State, Fe	ederal or Fee Jic. Cont. #151				
	Location							
	N 020	Feet From The south Lin	ne and 1630 Feet F	rom The West				
	Unit Letter N : 820	reet from theLi	ie didi eet i	70th 14th				
	Line of Section 10 Tov	vnship 26N Range	5W NMPM, Rio	Arriba County				
	Line of Section 20 100	The state of the s						
m	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ıs					
	Name of Authorized Transporter of Oil		Address (Give address to which a	pproved copy of this form is to be sent)				
	   Plateau, Inc.		4775 Indian Sch. Rd.	NE, Albuquerque, NM 87110				
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas						
	Gas Company of New Mex		P.O. Box 1899, Bloom	field, New Mexico 87413				
		Unit Sec. Twp. P.ge.	Is gas actually connected?	When				
	If well produces oil or liquids, give location of tanks.		No	1				
	If this production is commingled wit	th that from any other lease or pool,	give commingting order number.					
1 V .	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Restv. Diff. Restv.				
	Designate Type of Completion	$\operatorname{on} = (\mathbf{X})$	X					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	6-25-79	8-23-79	6093'	6052'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth				
	6896' GR	Mesa Verde	5170'	5246'				
	Perforations			Depth Casing Shoe				
	5170' - 5734'			6090 <b>'</b>				
		TUBING, CASING, AN	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12-1/4"	9-5/8"	231'	110 sxs				
	8-3/4"	7"	3758'	175 sxs (Sqzd cmtd w/400 s				
	6-1/4"	4-1/2"	3596'-6090'	295 sxs				
		2-3/8"	5246'					
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fer recovery of total volume of load	i oil and must be equal to or exceed top allow-				
٧.	L WELL able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks	nks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	,							
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF				
				1				
	GAS WELL			Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	OIL CON. COM.				
	869			Choke ENGT. 3				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Luore Frie 1.				
	Pitot	846#	887#					
VI.	CERTIFICATE OF COMPLIANCE	CE		RVATION COMMISSION				
	~		SEP :	101970				
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.		egulations of the Oil Conservation	tions of the Oil Conservation   APPROVED					
		Uriginal signis						
		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.						
					Signature)			
								District Production Manager (Title)
min and produce to the end VI for changes of owner,								
	September 4, 1979 (Date)				well name or number, or transporter, or other such change of constitution			
					Separate Forms C-104 must be filed for each pool in multiply			
							completed wells.	