NO. OF COPIES REC	EIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

VI.

10

	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION		D 0 101		
	SANTA FE			Form C-104 Supersedes Old C-104 and C-11	
	FILE	AND Effective 1-1-65			
	u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			GAS	
	LAND OFFICE				
	TRANSPORTER OIL				
	GAS	7			
	OPERATOR	┥			
		┥		The state of the s	
1.	PRORATION OFFICE	<u>. </u>			
	Operator			100	
	Southland Royalty Con	mpany	i de la companya de	į.	
	Address		ė		
	P.O. Drawer 570, Fari	mington, New Mexico 874	01	165	
	Reason(s) for filing (Check proper box		Other (Please explain)		
	· -		Omer (Flease explain)	- بدر ا	
	New Well	Change in Transporter of:		A grant of the state of the sta	
	Recompletion	Oil Dry Go	as 🔝	4	
	Change in Ownership	Casinghead Gas Conde	nagte	Page 1	
	3				
	If change of ownership give name				
	and address of previous owner				
	and secured of previous owner				
	DECORPORAL OF WELL AND	* DACD			
Ц.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Leas	Lease No.	
	Lease Name	well No. Pool Name, including r			
	Jicarilla 101	7-M Blanco Mesav	rerde State, Federa	d or Fee Federal Jic 101	
	Location				
	Unit Letter G : 152	20 Feet From The North Lir	ne and <u>1830</u> Feet From '	The East	
	Line of Section 12 To	wnship 26N Range 4	4W , NMPM, Ri	O Arriba County	
	Chia of occion				
m.		<u>TER OF OIL AND NATURAL GA</u>	<u> </u>		
	Name of Authorized Transporter of Ol	l 🔲 or Condensate 🔀	Address (Give address to which appro-	ved copy of this form is to be sent)	
	Plateau, Inc.		4775 Ind. Sch. Rd., NE,	Albuquerque, NM 87110	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which appro-		
			1		
	Gas Company of New Mex	ico	P.O. Box 1899, Bloomfie	ld, New Mexico 87413	
	the wall and was all as liquids	Unit Sec. Twp. P.ge.	Is gas actually connected? Who	en	
	If well produces oil or liquids, give location of tanks.	i i i	No		
	GIVE TOUGHTON OF TANKES.	<u> </u>	110		
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
IV	COMPLETION DATA	•			
•••	COMI DETICIO DILLI	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi	on – (X)	1		
			X	 _ _ _ 	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	9-25-81	11-4-81	8325' 8323	8278'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
		Name of Producing 1 ormanon	, , , , , , , , , , , , , , , , , , , ,		
	7161' GL	Mesaverde	5710 '	6120'	
	Perforations			Depth Casing Shoe	
	5710'-6161'			8323'	
	3710 -0101	21121112 2451112 441	CEVENTING DECORD		
			D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	13-3/4"	10-3/4"	237'	140 sacks	
	9-7/8"	7-5/8"	4200'	465 sacks	
				·	
	6-3/4"	5-1/2"	4061'-8323'	410 sacks	
		1-1/2"	6120	Packer set at 6279'	
11/	TEST DATA AND DECLIEST E	OR ALLOWARIE /Tare must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
٧.		able for this de	epth or be for full 24 hours)		
	OIL WELL		Producing Method (Flow, pump, gas li	ft. etc.)	
	Date First New Oil Run To Tanks	Date of Test	. Toward married it some house Eng se		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				1	
		00 000	Water-Bbis.	Gas • MCF	
	Actual Prod. During Test	Oil-Bhis.	Water - Baile.		
,					
	CAE WELL				
	GAS WELL	Ti ab at man	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bois. Condensate/ Marie		
	1513	3 hours			
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Back Pressure	1204	1217	3/4"	
į	Back Flessure	1204	 		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL COMSERVA	TIPH COMMISSION	
			S-3-83- OIL COMSERVA	Z 1987	
	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. (Signature) District Engineer		APPROVED, 19		
			Original Signed by FRANK T. CHAVEZ		
			BY		
			SUPERVISOR DISTRICT # 3		
			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.		
(Title)		tle)			
	•	•	EDIA OII IIAM MICE ISCOMPISCOM	I, III, and VI for changes of owner,	
	June 28, 1982		Il Litt our outh sectious f' fi	ter, or other such change of condition.	

Separate Forms C-104 must be filed for each pool in multiply completed wells.