

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Southland Royalty Company

Address
P.O. Drawer 570, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

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DIST. 3

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 101	Well No. 8J	Pool Name, including Formation Tapacito Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. Jic Cont 101
Location Unit Letter <u>K</u> ; <u>1820</u> Feet From The <u>South</u> Line and <u>1580</u> Feet From The <u>West</u> Line of Section <u>12</u> Township <u>26N</u> Range <u>4W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, New Mexico 87413					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When
					No	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Ether J. Gregey
(Signature)

Secretary

(Title)

12-05-84

(Date)

OIL CONSERVATION DIVISION
1-1885
APPROVED JAN 18 1985
Original Signed by FRANK T. CHAVEZ
BY _____
TITLE SUPERVISOR DISTRICT # 3

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.

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 8-19-84	Date Compl. Ready to Prod. 11-16-84		Total Depth 4065'			P.B.T.D. 4037'			
Elevations (DF, RKB, RT, GR, etc.), 7113' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3828'			Tubing Depth ---			
Perforations 3828'-3881'						Depth Casing Shoe 4046'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8", 24#, K-55		232'		180 sacks (212 cu.ft.)			
6-3/4"		2-7/8" 6.5#, H-80		4046'		290 sacks (436 cu.ft.)			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1342	Length of Test 3 Hours	Bbls. Condensate/MCF -----	Gravity of Condensate -----
Testing Method (psol, back pr.) Back Pressure	Tubing Pressure (Shut-In) -----	Casing Pressure (Shut-In) 1017	Choke Size 3/4"