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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: SOUTHLAND ROYALTY COMPANY

Address: Post Office Box 1559, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box): Effective 11-1-67 Change in Name from Sullivan F Unit

Recompletion: Change in Transporter of: Oil: Dry Gas: Casinghead Gas: Condensate: Change in Ownership:

Name of Previous Operator: Caribbean Gulf Sun Oil Company

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Sullivan F | 1 | Gallegos Gallup Pool | State, Federal or Fee | SF-078858 |

Location: Unit Letter N, 1090 Feet From The South Line and 1575 Feet From The West

Section 32 Township 27 North Range 12 West, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Shell Pipe Line Corporation Address (Give address to which approved copy of this form is to be sent): Post Office Box 81, Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas or Dry Gas: Southland Royalty Company Address (Give address to which approved copy of this form is to be sent): Post Office Box 81, Farmington, New Mexico

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
|---|---|---|---|---|---|---|
| | K | 32 | 27N | 12W | Yes | 1-8-61 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Perforations | | | Depth Casing Shoe |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

| 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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| Testing Method (pitot, 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.

(Title)

November 6 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 9 1967

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

Date of First Sale

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.