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| DISTRIBUTION           |     |           | Z     |  |
| SANTA FE               |     | $\perp L$ | ·     |  |
| FILE                   |     | 1         |       |  |
| U.S.G.S.               |     | <u> </u>  | ļ<br> |  |
| LAND OFFICE            |     | 1         |       |  |
| TRANSPORTER            | OIL | 1         |       |  |
|                        | GAS |           |       |  |
| OPERATOR               |     | 3         | 1     |  |
| DECRATION OFFICE       |     |           | 1     |  |

| F  | DISTRIBUTION 7 ANTA FE /   | REQUEST FO   | ISERVATION COMMISSION<br>OR ALLOWABLE<br>AND<br>SPORT OIL AND NATURAL GAS   | Supersedes Old C-104 and C-116 Effective 1-1-65 |  |  |  |
|--|--|--|---|---|--|--|--|
|  | AND OFFICE  IRANSPORTER GAS  | Administration of the second   |   |   |  |  |  |
| <u> </u>   | PRORATION OFFICE   |  |   |   |  |  |  |
| . 5  | Southland Royalty  | hland Royalty Company  |   |   |  |  |  |
| 7  | P. O. Drawer 570, Farmington, New Mexico 87401   |  |   |   |  |  |  |
| i  | Reason(s) for filling (Check proper box)   | ing (Check proper box)  Change in Transporter of:  |   |   |  |  |  |
|  | Recompletion Change in Concership  | OII Dry Gas Casinghead Gas Condensa  | Name change   |   |  |  |  |
| τ.   |  | ec Oil & Gas Company, P  | O. O. Drawer 570, Farming   | gton, New Mexico ST401                          |  |  |  |
| 1. T   | DESCRIPTION OF WELL AND LE   | ASE   Well No.   Pool Name, Including Form   | mation Kind of Lease  | Lease No.                                       |  |  |  |
|  | Hanks #18 South Blanco Pictured Cliffs State, Federal SF-0-1874  |  |   |   |  |  |  |
|  | Unit Letter ' B : 830  | Feet From The North Line   | and 1840 Feet From Th   | e East  |  |  |  |
|  | Line of Section 5 Towns  | hip 27 North Range 9 N   | Vest , NMPM,  | San Juan County                                 |  |  |  |
| II. 1  | DESIGNATION OF TRANSPORTE  | R OF OIL AND NATURAL GAS   | Address (Give address to which approve  | d copy of this form is to be sent)              |  |  |  |
| ;<br>-   | Plateau Name or Authorized Transporter of Casir:   | i  | Address (Give address to which approved copy of this form is to be sent)  |   |  |  |  |
| !  | Southern Union Gatherin  | nion Gathering   Fiderity Onion Toward   Fiderity Onio |   |   |  |  |  |
| 1  | It wall produces cullor liquids, give litiotich of tanks.  | shor lease or pool 9   | rive commingling order number:  |   |  |  |  |
| v.   | If this production is commingled with COMPLETION DATA  | Oti Well Gas Well  | New Well Workover Deepen  | Plug Back   Same Res'v. Diff. Res'v.            |  |  |  |
|  | Designate Type of Completion   | - (X) Date Compl. Ready to Prod.   | Total Depth   | P.B.T.D.  |  |  |  |
| į  | Date Spusaes   | Name of Producing Formation  | Top Oil/Gas Pay   | Tubing Depth                                    |  |  |  |
|  | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Connacton  |   | Depth Casing Shoe                               |  |  |  |
|  | Perforations   |  | CENENTING RECORD  |   |  |  |  |
|  | HOLE SIZE  | TUBING, CASING, AND<br>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 to able for this depth or be for full 24 hours)                               |  |  |   |   |  |  |  |
|  | OII. 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-Bbla.  | 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                                      |  |  |  |
|  |  | GF.  |   | ATION COMMISSION                                |  |  |  |
| VI. CERTIFICATE OF COMPLIANCE  |  |  | APPROVED JANIA 19.3   |   |  |  |  |
| 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. |  | By Original Signed by  | By Original Signed by A. R. Kendrick  |   |  |  |  |
|  | above to the charter   |  | TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despensed by a tabulation of the deviation |   |  |  |  |
|  |  | 32 Kyss  |   |   |  |  |  |
|  | District Production Mar.   |  |   | nuat be filled out completely for allow-        |  |  |  |
| (Title) able on new and recompleted watte.   |  |  | walle.  |   |  |  |  |
|  | (Date) well name or number, or transporter, or |  |   | differior control                               |  |  |  |
|  |  |  | completed wells.  |   |  |  |  |