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SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		
FILE	KEQUE	AND	Supersedes Old C-100 and C-11 Effective 1-1-51	
U.S.G.S.	AUTHORIZATION TO		I GAS	
LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
I RANSPORTER OIL				
GAS				
OPERATOR				
PRORATION OFFICE				
Southland Royalty	Company			
Edgress				
P. O. Drawer 570, Reason(s) for filing (Check pro		Other (Please explain)		
New Well X	Change in Transporter of:			
Recompletion	Oil Dr	ry Gas		
Change in Ownership	Casinghead Gas Co	ondensate		
If change of ownership give				
and address of previous own				
I. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Includi			
Frontier "E"	#1E Basin Dako	ota State, Fed	deral or Fee Federal SF-078872	
Location				
Unit Letter G	1865 Feet From The North	Line and 1820 Feet Fr	om The East	
Line of Section 4	Township 27N Range	11W , NMPM, Sar	n Juan County	
I. DESIGNATION OF TRAN	SPORTER OF OIL AND NATURAL or of Oil or Condensate	GAS		
Name of Authorized Transporte	er of Oll or Condensate	l .	oproved copy of this form is to be sent)	
Plateau, Inc.	er of Casinghead Gas or Dry Gasy		NE, Albuquerque, NM 87110  oproved copy of this form is to be sint)	
El Paso Natural Ga	.s Còmpanv	P. O. Box 990, Farmir	naton, NM 87401	
If well produces oil or liquids,	Unit Sec. Twp. Age		When	
give location of tanks.	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	No	1	
If this production is comming	gled with that from any other lease or p	ool, give commingling order number:		
COMPLETION DATA			Plug Back   Same Resty, Diff, Resty,	
Designate Type of Con			Fing Sock Same field to Sim field to	
Date Spudded	Date Compl. Ready to Prod.	X X Total Depth	P.B.T.D.	
5-24-80	12-1-80	6766'	6724'	
Elevations (DF, RKB, RT, GR.		Top Oil/Gas Pay	Tubing Depth	
6155' GR	Basin Dakota	6556 <b>'</b>	6641'	
Perforations	Dashi Ballota		Depth Casing Shoe	
DK: 6556' - 6644'			6766'	
	TUBING, CASING,	AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	9 5/8", 32.30#	243'	120 šx	
8 3/4"	7", 23#	6766'	495csx	
	2 3/8", 4.7#	6641'		
	EST FOR ALLOWABLE (Test must	be after recovery of total volume of load is depth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To To	able jor th	Producing Method (Flow, pump, ga		
Date First New On Aun 10 .0			The state of the s	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		–		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	1			
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
1725	3 hours			
Testing Method (pitot, back pr		Casing Pressure (Shut-in)	Choke Size	
Back Pressure	1211		5/8"	
I. CERTIFICATE OF COMPLIANCE		III	RVATION COMMISSION	
. CERTIFICATE OF COM		APPROVED FEB 2	0 1981	
I hereby certify that the rule	es and regulations of the Oil Conservat	tion   All thought		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Ven II Deiniani Cinnai L. Co.s.	BY Original Signed by FRANK T. CHAVEZ	
		A DISTRICT		
		TITLE SIPERVISOR DISTRICT		

(Signature)

(Title)

(Date)

District Production Manager

2-6-81

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 allow-sble 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.