

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-81

I. Operator
Southland Royalty Company
Address
P. O. Drawer 570, Farmington, NM 84701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|---|--|-------------------------|
| Lease Name Frontier "E" | Well No. #1E | Pool Name, including Formation Kutz Gallup | Kind of Lease State, Federal or Fee Federal | Lease No. SF-078872A |
| Location Unit Letter G 1865 Feet From The North Line and 1820 Feet From The East Line of Section 4 Township 27N Range 11W, NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc. | Address (Give address to which approved copy of this form is to be sent) 4775 Ind. Schl. Rd., NE, Albuquerque, NM 87110 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | Is gas actually connected? When | |
| | No | |

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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res't. <input type="checkbox"/> | Diff. Res't. <input type="checkbox"/> |
| Date Spudded 5-24-80 | Date Compl. Ready to Prod. 12-1-80 | Total Depth 6766' | P.B.T.D. 6724' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6155' GR | Name of Producing Formation Kutz Gallup | Top Oil/Gas Pay 5812' | Tubing Depth 6002' | | | | | |
| Perforations Glp: 5812' - 5994' | | | Depth Casing Shoe 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 SX | | | | | |
| 8 3/4" | 7", 23# | 6766' | 495 SX | | | | | |
| | 1 1/2" | 6002' | --- | | | | | |

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)

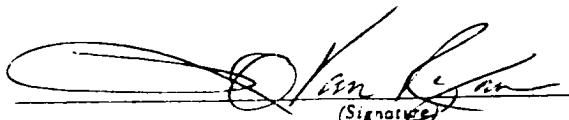
| | | | |
|--|--------------------------|---|--------------------|
| Date First New Oil Run To Tanks | Date of Test 12-12-80 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 3 hrs | Tubing Pressure 50# | Casing Pressure --- | Choke Size 5/8" |
| Actual Prod. During Test GOR 5544/l | Oil-Bbls. 15 | Water-Bbls. 7 | Gas-MCF 83 |

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.


District Production Manager
(Title)
2-6-81
(Date)

OIL CONSERVATION COMMISSION
1-12-82
APPROVED
BY Original Signed by FRANK T. CHAVEZ
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.