,						
tarement of the tarement of tarement o		HEW MUSICO GIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Foun C-104 Supersedes Old C-104 and C- Lifective 1-1-65	
U.S.G.S. LAND OFFICE TRAN PORTER OIL	AUTHORIZATION TO T	AND / FRANSPORT OIL AND	NATURAL G			
OPERATOR PROBATION OFFICE						
Southland Royalty Com	pany					
P. O. Drawer 570, Far	mington, New Mexico 87	401				
Reason(s) for filing (Check proper bo		Other (Pleas	e explain)			
New Well X	Change In Transporter of:					
Recompletion Change in Ownership		y Gas				
Shange In Carte San						
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation		ng Formation	Kind of Leuse		Lease No.	
Hanks	25 Blanco Mesa		State, Federal	orFee Federal	i	
Location			•			
Unit Letter B; 680	Feet From The North	Line and 1880	Feet From TI	ne <u>East</u>		
Line of Section 6 To	ownship 27N Range	9W , NMPN	, Sar	n Juan	County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL	GAS				
Name of Authorized Transporter of O	il or Condensate X	Address (Give address				
Plateau, Inc. Name of Authorized Transporter of C	astrohead Gas Or Dry Gas X	4775 Ind. Sch. Address (Give address				
Southern Union Gather		P. O. Box 1899				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.					
	with that from any other lease or po	ool, give commingling orde	r number:			
Designate Type of Complet	ion - (X) Gas Well	New Well Workover	Deepen	Plug Back Same R	es'v. Diff. Res'	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
2-13-81	4-18-81	50 30 '	5030 4			
Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation		Top Oil/Gas Pay	1 -		Tubing Depth 4927	
6323' GR Mesa Verde		4649'		Depth Casing Shoe		
4649'-4958'				50291		
1075	TUBING, CASING,	AND CEMENTING RECOR	₹D			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
12-1/4"	8-5/8"	238'		140 sacks 560 sacks (2 stages)		
7-7/8"	5-1/2" 1-1/2"	5029 ' 4927 '		JOU SACKS (2 Stages)		
	1 1/2					
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be able for this	be after recovery of total volues depth or be for full 24 hour	s)		r exceed top allo	
Date First New Oil Run To Tanks	Date of Test	Froducing Method (Flor	u, pump, gas lift *	, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Casing Pressure Chake Size			
Actual Prod. During Test	O11 - Bals.	Water-Bble.		MAN	\$ 1	
				10 10	1 10	
GAS WELL		Bbls. Condensate/MMC	<u></u>	Gravity of Soddened		
Actual Prod. Test-MCF/D	Length of Test	Doing Condition of the Name	•		, j	

Back Pressure 1. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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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.

3 hrs
Tubing Pressure (shut-in)

30

-
(Signature)
District Production Manager
(Title)
May 29, 1981
(I) use)

OIL CONSERVATION COMMISSION AUG 24 1981

Gravity of Goddenedte

APPROVED_ Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3 TITLE .

Casing Pressure (Shut-in)

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.