STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Southland Royalty Company

Address
P.O. Drawer 570, Farmignton, new Mexico 87499

Reason(s) for filing (Check proper box)

- [XX] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

NOV 0 8 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Frontier "B"	3E	Basin Dakota	State, Federal or Fee Federal	SF-078872-A

Location

Unit Letter N 605 Feet From The South Line and 1945 Feet From The West

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 [ ] or Condensate [XX]	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company	P.O. Box 9156, Phoenix, Arizona 85068
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural GAs Company	P.O. Box 990, Farmington, New Mexico 8499

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: _____

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Esther F. Gleyzer
(Signature)
Secretary
(Title)
11/07/84
(Date)

OIL CONSERVATION DIVISION

APPROVED 11-14-84 NOV 20 1984, 19____

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.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10/06/84	10/28/84	6750'	6703'
Elevations (DF, RKB, RT, GR, etc.,	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6174' GL	Dakota	6528'	6516'
Perforations			**Depth Casing Shoe**
6528'-6557'			6748'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24#, K-55	230'	155 sxs - 183 cu.ft.
7-7/8"	4-1/2", 11.6#, K-55	6748'	3 Stages - 1198 sxs - 1809 cuft
	2-3/8", 4.7#, J-55	6516'	

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
2143	3 Hours	------	-------
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	970	972	3/4"

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: SF-078872-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

7. UNIT AGREEMENT NAME:

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR: Southland Royalty Company

8. FARM OR LEASE NAME: Frontier "B"

3. ADDRESS OF OPERATOR: P.O. Drawer 570, Farmington, New Mexico 87499

9. WELL NO.: 3E

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

RECEIVED
JAN 28 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(N) 605' FSL & 1945' FWL

10. FIELD AND POOL, OR WILDCAT: Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Section 4, T27N, R11W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6174' GL

12. COUNTY OR PARISH: San Juan

13. STATE: New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			☐
(Other) Lay and Bury Flowline	☒			(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

SOUTHLAND ROYALTY COMPANY proposes to construct a gas delivery flowline to the EPNG's gathering line located approximately 300 feet southwest of the well pad. A copy of the plat for the line is attached. No archaeolgical survey is anticipated since this is within the NAPI's boundaries.

FEB 1 1985
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Dist. Operations Engr DATE 1-25-85

(This space for Federal or State office use)

APPROVED
AS AMENDED

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 07 1985

M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCC

NAVAJO TRIBE — EL PASO NATURAL GAS COMPANY — 6055 1945 W — DF

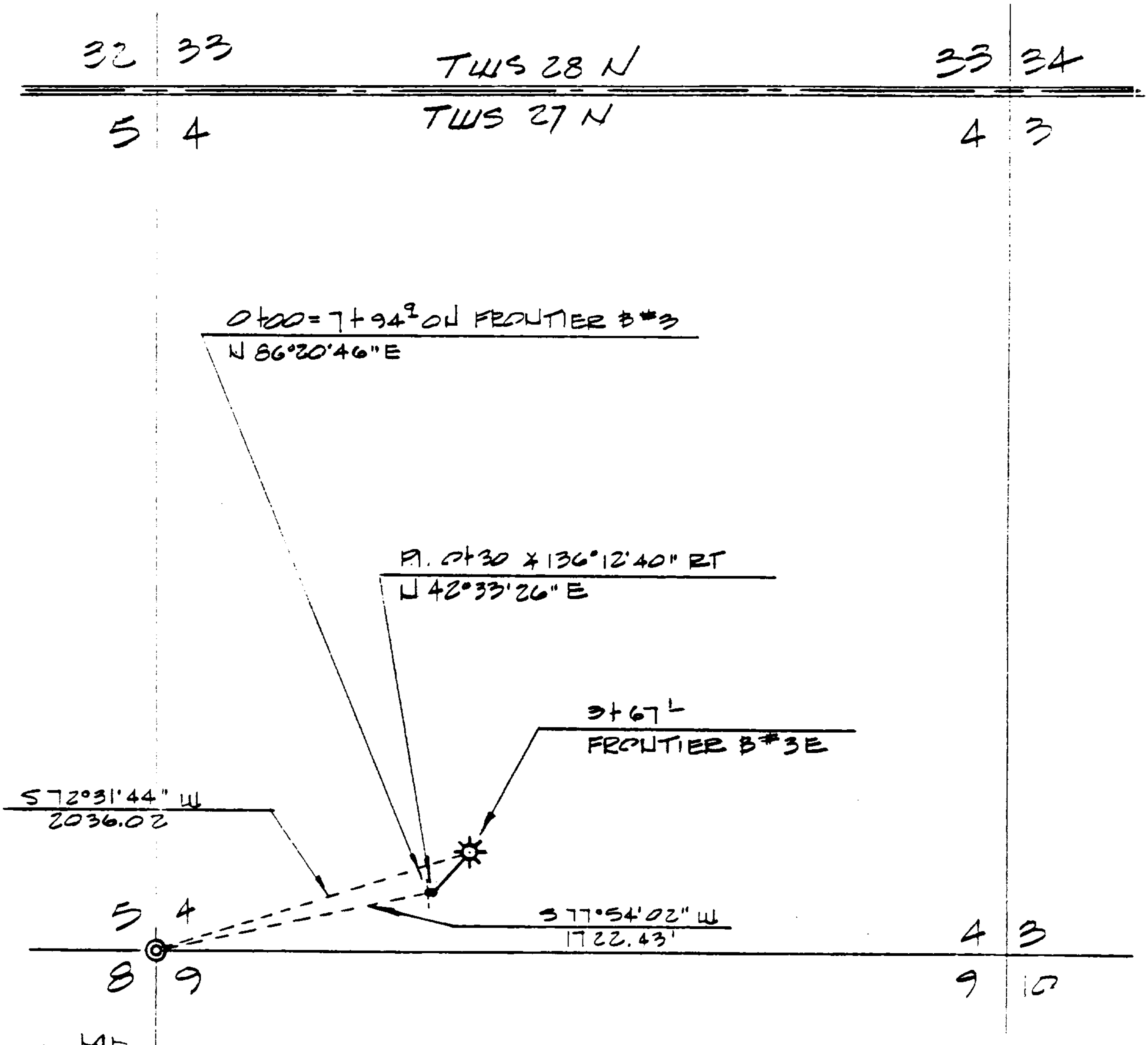
CHACO GATHERING SYSTEM

Line: SOUTHLAND ROYALTY CO.–FRONTIER B #3E

From: 0+00 = 7+94.9 ON SOUTHLAND ROYALTY CO. – FRONTIER B #3 (D737.0-3-1)

County: SAN JUAN State: NEW MEXICO Section: 4 Township: 27-N Range: 11-W

Dwg. No. 62
W.O. No.
R/W No. 84501
Date: 7-13-84
Scale:
Surveyed: 7-11-84 PAGGETT



Drawn By: MD Const. Commenced: Appr. Date: Stake Chain:
Checked By: Constr. Completed: Date: Pipe Size:

PRINT RECORD PIPE DATA METER STA. NO.

FLAG ONLY LOC. NOT BUILT RD ≠ R/W