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	GAS WELL							

CONSERVATION COMMISSION

Form C-104
C-104 and C-110

FILE	- KEWUESI	AND		Effective 1-1-65			
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
LAND OFFICE		AND ON THE AND	NATURAL GAS				
TRANSPORTER OIL							
OPERATOR GAS	⊣						
PROPATION OFFICE	-						
Operator							
Southland Royalty	Company						
Address 0. Drawer 570,	Farmington, New Mexico	87499					
Reason(s) for filing (Check proper box		Other (Please	explain)				
New Weil	Change in Transporter of:						
Recompletion Change in Ownership	Cil Dry G Casinghead Gas Conde		ve August 1,	1004			
S. Carlot and Carlot and Carlot	Conde	ensate MA-ETTECTI	August 1,	1304			
If change of ownership give name and address of previous owner							
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DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation	Kind of Lease	Legse No.			
McClanahan	18 Blanco Mesav	erde	State, Federal or Fed				
Location A 990	Nowth	700	-				
Unit Letter A ; 990	Feet From The North	ne and 790	Feet From The	ast			
Line of Section 13	wnship 28N Range	10W , NMPM,	San Jua	in County			
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA		o which approved con	ry of this form is to be sent)			
Giant Refining Comp	oanv	P.O. Box 9156,		•			
Name of Authorized Transporter of Car	singhead Gas 🔲 or Dry Gas 🟋	Address (Give address t	which approved cop	ry of this form is to be sent)			
Southern Union Gath		P. O. Box 1899	. Bloomfield	New Mexico 87413			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connecte	d? When				
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:				
Designate Type of Completic	on - (X)	New Well Workover	Deepen Plug	Back Same Res'v. Diff. Res'v.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1	r.n.			
			1.2				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubin	ng Depth			
Perforations			Depth	Casing Shoe			
		CEMENTING RECORT					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	<u>T</u>	SACKS CEMENT			
		<u>i</u>					
TEST DATA AND REQUEST FOOIL WELL		fter recovery of total volum ipth or be for full 24 hours)		to be equal to exceed top allow-			
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, esa)	1 A To 1(2)			
Length of Test	Tubing Pressure	Casing Pressure	C Chok	Size			
.			101	1 1384			
Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	11/7 1800	MCF DIV.			
			- - C				
GAS WELL			OIL	oist. 3			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravii	ty of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	(Choke	, 5120			
CERTIFICATE OF COMPLIANCE	E	OILC	ONSERVATION	COMMISSION			
			~	JUL 1,1 1984			
hereby certify that the rules and re- Commission have been complied w	APPROVED	7~	, 1191 JUG				
bove is true and complete to the		BY		SUPERVISOR DISTRICT 署 3			
		TITLE		SUPERVISOR DISTRICT TO			
A	4	This form is to	oe filed in complia	nce with RULE 1104.			
tether	They eye	If this is a reque	st for allowable fo	or a newly drilled or deepened			
Secretary)	iwe) U U	tests taken on the w	ell in accordance v				
/T:.1	٠	All sections of t able on new and rec	his form must be fl	lied out completely for allow-			
7-7	Fill out only Se	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.					
(Dat	e)	! !		ther such change of condition, ised for each pool in multiply			
	,	completed wells.	OSTON MUSIC DE III	to: each poor in multiply			