

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-3355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR						3. ADDRESS OF OPERATOR	
Southland Royalty Company						P. O. Drawer 570, Farmington, NM 87401	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
At surface) 800' FSL & 1850' FWL At top prod. interval reported below						Sec. 19, T28N, R10W	
At total depth						12. COUNTY OR PARISH	
14. PERMIT NO.						DATE ISSUED	
15. DATE SPUDDED						16. DATE T.D. REACHED	
1-7-80						1-16-80	
17. DATE COMPL. (Ready to prod.)						18. ELEVATIONS (DF, REB, RT, GR, ETC.)*	
4-10-80						5900' GR	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
6558'		6524'				Rotary	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						25. WAS DIRECTIONAL SURVEY MADE	
Basin Dakota 6404' - 6518'						Deviation	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED	
GR-Induction, GR-Density, Temperature Survey						No	
28. CASING RECORD (Report all strings set in well)							
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8"		24#		218'		12 1/4"	
4 1/2"		10.5#		6558'		7 7/8"	
						140 Sacks	
						258 Sacks (Stage One)	
						322 Sacks (Stage Two)	
						206 Sacks (Stage Three)	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2 3/8"		6504'					
31. PERFORATION RECORD (Interval, size and number)							
Dakota: 6488', 6494', 6500', 6506', 6518'. 6404', 6410', 6416', 6423', 6430'. (Total of 10 holes.)							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
6488'-6518'				34,192 gals 30# gel & 24,192# 20/40 sand			
6404'-6430'				43,000 gals 30# gel & 33,000# 20/40 sand			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					
		Flowing					
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROMOTED FOR TEST PERIOD	
4-10-80		72 hrs.		Pitot		OIL—BBL.	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
10		194				372	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Sold						Cliff Pistole	
35. LIST OF ATTACHMENTS							

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE District Production Manager

DATE 4-29-80

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:		38. GEOLOGIC MARKERS		
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		NAME	MEAS. DEPTH	TRUE VERT. DEPTH
FORMATION	TOP			
Ojo Alamo	770'			
Fruitland	1670'			
Pict. Cliffs	1922'			
Cliff House	3490'			
Gallup	5462'			
Greenhorn	6220'			
Graneros	6285'			
Dakota	6396'			



LTR



Job separation sheet

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	1

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 1-1-65

30-045-23927

I. Operator
Southland Royalty Company
Address
P. O. Drawer 570, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newman "B"	Well No. #6E	Pool Name, including Formation Basin Dakota	Kind of Lease State Federal XXXX	Lease No. SF-065546A
Location Unit Letter <u>C</u> : <u>800'</u> Feet From The <u>North</u> Line and <u>1850'</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>28N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Southern Union Gathering	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1-7-80	Date Compl. Ready to Prod. 4-10-80	Total Depth 6558'		P.B.T.D. 6524'				
Elevations (DF, RKB, RT, GR, etc.) 5900' GR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6404'		Tubing Depth 6504'				
Perforations Lower Dakota from 6488'-6518', Upper Dakota 6404'-6430'				Depth Casing Shoe 6448'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8", 24#, H-40		218'		140 sacks			
7 7/8"	4 1/2", 10.5#, K-55		6558'		786 sacks			
	2 3/8", 4.7#, J-55		6504'					

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)

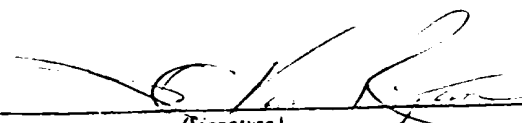
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test-MCF/D 372	Length of Test 72 hours	Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 852	Casing Pressure (Shut-in) 958	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.


(Signature)
District Production Manager
(Title)
April 29, 1980
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 8 1980, 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.