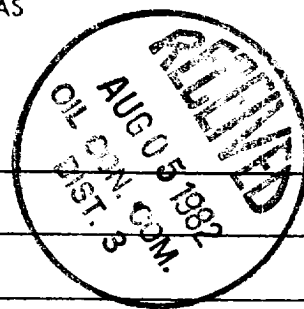


NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65



| | |
|------------------------|-----|
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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

I. Operator
 Southland Royalty Company
 Address
 P.O. Drawer 570, Farmington, New Mexico 87401
 Reason(s) for filing (Check proper box) Other (Please explain)
 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 Browning Stewart | Well No. 6 | Pool Name, Including Formation Aztec Fruitland Ext. | Kind of Lease State, Federal or Fee Federal | Lease No. SF-047020B |
| Location Unit Letter <u>J</u> ; <u>1874</u> Feet From The <u>South</u> Line and <u>1790</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>28N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc. | Address (Give address to which approved copy of this form is to be sent) 4775 Ind. Sch. Rd. NE, Albuquerque, NM 87110 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, New Mexico 87413 |
| 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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 6-21-82 | Date Compl. Ready to Prod. 7-22-82 | Total Depth 1462' | P.B.T.D. 1440' | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) 5554' GL | Name of Producing Formation Fruitland | Top Oil/Gas Pay 1405' | Tubing Depth --- | | | | | |
| Perforations 1405'-1414' | | | | Depth Casing Shoe 1452' | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12-1/4" | 8-5/8" | 208' | 150 sacks | | | | | |
| 6-1/4" | 2-7/8" | 1452' | 350 sacks | | | | | |

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-Bble. | Water-Bble. | Gas-MCF |

GAS WELL

| | | | |
|---|----------------------------------|----------------------------------|------------------------------|
| Actual Prod. Test-MCF/D 1719 | Length of Test 3 hours | Bble. Condensate/MMCF --- | Gravity of Condensate --- |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (shut-in) --- | Casing Pressure (shut-in) 138 | Choke Size 3/4" |

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.

CC Johnson
 (Signature)
 District Production Manager
 (Title)
 August 4, 1982
 (Date)

OIL CONSERVATION COMMISSION
AUG 10 1982
 APPROVED _____, 19____
 Original Signed by **FRANK T. CHAVEZ**
 BY _____
 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.