

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-1
 Effective 1-1-65

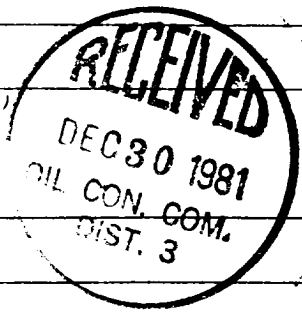
OPERATOR	
DISTRIBUTION	
SALES	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATION	
PRODUCTION OFFICE	

Operator
Southland Royalty Company

Address
P. O. Drawer 570, Farmington, New Mexico 87499-0570

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership



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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Ruben Canyon</i>	Well No. <i>1</i>	Pool Name, including Formation <i>Blanco Pictured Cliffs Ext.</i>	Kind of Lease State, Federal or Fee <i>Federal</i>	Lease No. <i>NM-28718</i>
Location				
Unit Letter <i>E</i>	<i>1730</i>	Feet From The <i>North</i>	Line and <i>940</i>	Feet From The <i>West</i>
Line of Section <i>35</i>	Township <i>30N</i>	Range <i>4W</i>	, N.M.P.M. <i>Rio Arriba</i> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<i>Northwest Pipeline Corporation</i>	<i>P.O. Box 90, Farmington, New Mexico 87401</i>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <i>NO</i> when

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <i>10-30-81</i>	Date Compl. Ready to Prod. <i>11-20-81</i>	Total Depth <i>4185'</i>	P.B.T.D. <i>4142'</i>					
Elevations (DF, RAB, RT, GR, etc.) <i>7153' GL</i>	Name of Producing Formation <i>Pictured Cliffs</i>	Top Oil/Gas Pay <i>4048'</i>	Tubing Depth <i>4079'</i>					
Perforations <i>4048'-4112'</i>	Depth Casing Shoe <i>4185'</i>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<i>12-1/4"</i>	<i>8-5/8"</i>	<i>213'</i>	<i>140 sacks</i>					
<i>7-7/8"</i>	<i>4-1/2"</i>	<i>4185'</i>	<i>285 sacks</i>					
	<i>1-1/2"</i>	<i>4079'</i>						

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 - MCF

GAS WELL

Actual Prod. Test - MCF/D <i>1497</i>	Length of Test <i>3 hours</i>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <i>Back Pressure</i>	Tubing Pressure (Shut-in) <i>1100</i>	Casing Pressure (Shut-in) <i>1100</i>	Choke Size <i>3/4"</i>

I. 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)
 December 28, 1981
 (Date)

OIL CONSERVATION COMMISSION

APPROVED *DEC 30 1981*, 19____
 BY *Original Signed by FRANK T. CHAVEZ*
 TITLE *SUPERVISOR DISTRICT #*

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.