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SANTA FE			
FILE		1	1
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		3	
PRORATION OFFICE			
Opergraf			

DISTRIBUTION 7	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110	
FILE	AND Effective 1-1-55			
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	15	
LAND OFFICE				
TRANSPORTER GAS /		•		
OPERATOR 3				
PROBATION OFFICE				
Southland Roya	lty Company			
P. O. Drawer 570, Fa	rmington, New Mexico 874	01		
Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry Gas	Name	o h o n n n	
Change in Ownership	Casinghead Gas Condens	rate Name (change	
change of ownership give name nd address of previous owner				
DESCRIPTION OF WELL AND	L'EASE			
Lease Name	Well No. Pool Name, including For	1	or Fee Federal SF-076959	
Hare	#18 Blanco Mesa	verde Jack, Federal C	or Fee Federal SF-076955	
Location Unit Letter H	500 Feet From The North Line	and 1070 Feet From Th	neEast	
10 -		O West , NMPM,	San Juan County	
Line of Section				
DESIGNATION OF TRANSPORT	or Condensate X	S Address (Give address to which approve	ed copy of this form is to be sent)	
Plateau, Inc.		P. O. Box 108, Farmingto	on, New Mexico 87401	
Name of Authorized Transporter of Cas	singhead Gas er Dry Gas 🏌	Address (Give address to which approve	<u> </u>	
Southern Union Gathe	ring	Fidelity Union Tower, Da		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ree.	ls day datually connected? When	•	
f this production is commingled with COMPLETION DATA	th that from any other lease or pool, g			
Designate Type of Completic		New Well Worksvar Deepen	Plug Back Same Restv. Diff. Restv.	
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.E.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Periorations		·	Depth Casing Shoe	
	TUBING, CASING, AND	CEVENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
51012 312				
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be of able for this de-	ter recovery of total volume of load oil a pth or be for full 24 hours)	and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	i, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water-Bols.	Ças-MCF	
Actual Frod Dainy		/ 144	1	
GAS WELL		A Section of the sect		
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate NMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-ia)	Cosing Pressure (Shut-In)	Choke Size	
CERTIFICATE OF COMPLIAN	ice		TION COMMISSION 2 1978	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 13	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original Signed by A. R. Kendrick		
	/ //	111100	ISOR DIST.	
CESTION KOON		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended the deviation		

(Signature)

District Production Mgr.

(Title) 1-1-78

Ί.

(Date)

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 transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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DISTRIBUTION			7
SANTA FE		1	
FILE		1	
U.S.G.S.		Ĺ	
LAND OFFICE			
TRANSPORTER	OIL	1/	
	G A 5		
OPERATOR		3	
SECRATION OFFICE		1	1

DISTRIBUTION 7 SANTA FE / FILE / /	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
LAND OFFICE IRANSPORTER OIL / GAS / OPERATOR 3	AUTHORIZATION TO TRA	NSPURT UIL AND I	NATURAL GAS	
PRORATION OFFICE				
Southland Roys Address	aley dompany			
P. O. Drawer 570, Fa Reason(s) for filing (Check proper box	rmington, New Mexico 874	101 Other (Please	explain)	
New Well	Change in Transporter of:		,,	
Recompletion	Oil Dry Gas Casinghead Gas Condens	=	Name cha	nge
Change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE Well No.; Pool Name, Including Fo	rmation	Kind of Lease	
Lease Name Hare	#18 Basin D		State, Federal or Fee	Federal SF-076958
Location Unit Letter H , 1500) Feet From The North Line	and 1070	Feet From The	East
Line of Section 10 Tox	waship 29 North Range 1	.0 West , NMPM	,	San Juan County
DOGGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	\$		
Name of Authorized Transporter of Oil Plateau, Inc.	or Condensate 🕅	Address (Give address		y of this form is to be sent) New Mexico 87401
Name of Authorized Transporter of Car Southern Union Gathe	ring			y of this form is to be sent) as, Texas 75201
If well produces oil or liquias, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually econect	ed? When	
f this production is commingled wi	th that from any other lease or pool, a	give commingling orde	r number:	
Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover	Deepen Plúg	Back Same Restv. Diff. Restv.
Date Spudged	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubir	ng Depth
Perforations			Depti	h Casing Shoe
	TUBING, CASING, AND	CEMENTING RECOR	2D	
HOLE SIZE	CASING & TUBING SIZE	. DEPTH S	ET	SACKS CEMENT
TEST DATA AND REQUEST F		pih or be for full 24 hour	5)	st be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flat	v, pump, gas lift, etc.,)
Length of Test	Tubing Pressure	Casing Pressure	Chek	e Size
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas.	-MCF
	<u></u>			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Grav	My of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	-tom con Cho	Size
CERTIFICATE OF COMPLIAN	CE	OID CONSERVATION COMMISSION		
Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED	inal Cioned be	A. R. Kendrick
above is true and complete to the best of my knowledge and belief.		BYUT18	SUPERVISOR	
		This form is t		ance with RULE 1104.
1Sign	nature)	if mealt this from min	quest for allowable i at be accompanied b well in accordance	for a newly drilled or deepaned by a tebulation of the deviation with BULE 111.
District Assist	(ile)	All asctions of the day and a day and a	f this form must be	filled out completely for allow-
1-1-79	••	ave on new and r		

(Date)

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.