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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

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 <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Name change
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hare	Well No. #15	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-076953
Location Unit Letter M ; 860 Feet From The South Line and 960 Feet From The West Line of Section 3 Township 29 North Range 10 West , NMPM, San Juan County				

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) P. O. Box 108, Farmington, New Mexico 87401
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) Fidelity Union Tower, Dallas, Texas 75201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	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		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

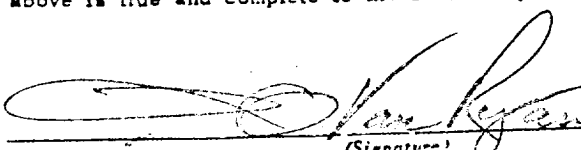
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


District Production Mgr.
(Title)
1-1-78
(Date)

OIL CONSERVATION COMMISSION

JAN 12 1978

APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #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.

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AND
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New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Name change	

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

DESCRIPTION OF WELL AND LEASE

Lease Name Hare	Well No. #15	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-076953
Location				
Unit Letter M ; 860 Feet From The South Line and 960 Feet From The West				
Line of Section 3 Township 29 North Range 10 West , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	P. O. Box 108, Farmington, New Mexico 87401
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)
Southern Union Gathering	Fidelity Union Tower, Dallas, Texas 75201
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
Date Spudded	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			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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)

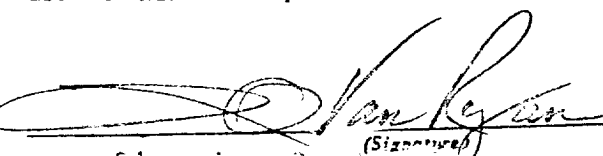
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


A. R. Kendrick
(Signature)
1-1-78 (Title)
(Date)

OIL CONSERVATION COMMISSION

JAN 12 1978

APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. #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.

0									

LOCATE WELL CORRECTLY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

U. S. LAND OFFICE Santa Fe

SERIAL NUMBER 076958

LEASE OR PERMIT TO PROSPECT
None

LOG OF OIL OR GAS WELL

Company Astec Oil and Gas Company Address Drawer # 570, Farmington, New Mexico
Lessor or Tract None Field Basin Dakota State New Mexico
Well No. 15-D Sec. 3 T. 29N R. 10W Meridian N.M.P.M. County San Juan
Location 860 ft. N of S Line and 960 ft. E of W Line of Section 3 Elevation 5817 G.L.
(Derrick floor relative to sea level)

The information given herewith is a complete and correct record of the well and all work done thereon
so far as can be determined from all available records.

ORIGINAL SIGNED BY JOE C. SALMON

Signed

Joe C. Salmon

Date April 19, 1962Title District Superintendent

The summary on this page is for the condition of the well at above date.

Commenced drilling 3/17/62, 19____ Finished drilling 4/2/62, 19____

OIL OR GAS SANDS OR ZONES

(Denote gas by G)

No. 1, from 6689 to 6712 (G) No. 4, from _____ to _____
No. 2, from 6744 to 6754 (G) No. 5, from _____ to _____
No. 3, from 6824 to 6838 (G) No. 6, from _____ to _____

IMPORTANT WATER SANDS

No. 1, from _____ to _____ No. 3, from _____ to _____
No. 2, from _____ to _____ No. 4, from _____ to _____

CASING RECORD

Size casing	Weight per foot	Threads per inch	Make	Amount	Kind of shoe	Cut and pulled from	Perforated		Purpose
							From—	To—	
8 5/8	24	8	API	150	API	Surface			Running
4 1/2	12.6	8	API	150	API	Surface			Running
4 1/2	12.6	8	API	150	API	Surface			Running
2 3/8	4.7	8	API	150	API	Surface			Running

MUDDING AND CEMENTING RECORD

Size casing	Where set	Number sacks of cement	Method used	Mud gravity	Amount of mud used
8 5/8	324	230	displacement		
4 1/2	6860	750	two plug		
2 3/8	6643				

PLUGS AND ADAPTERS

Heaving plug—Material _____ Length _____ Depth set _____
Adapters—Material _____ Size _____

SHOOTING RECORD

Size	Shell used	Explosive used	Quantity	Date	Depth shot	Depth cleaned out
Sand-water fraced with 65,800 gals. water, 45,000# 20/40 sand, 13,000# 10/20 sand, Breakdown pr. - 1900, Avg. treating pr. - 2700, Max. treating pr. - 3100, Avg. I.R. - 37 bpm, dropped 50 balls, flushed with 125 Bbls.						

TOOLS USED

P.B.T.D. - 6847

Rotary tools were used from 0 feet to 6860 feet, and from _____ feet to _____ feet
Cable tools were used from _____ feet to _____ feet, and from _____ feet to _____ feet

DATES

4/6/62, 19____ Put to producing _____, 19____

The production for the first 24 hours was _____ barrels of fluid of which _____% was oil; _____%
emulsion; _____% water; and _____% sediment. Gravity, °Bé. _____

If gas well, cu. ft. per 24 hours AOF - 2641

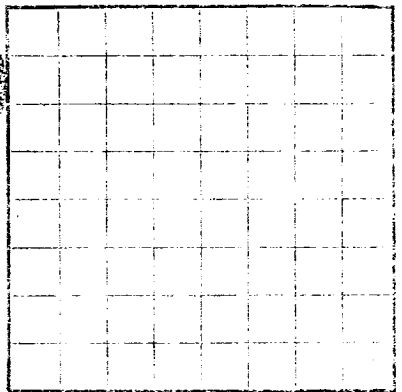
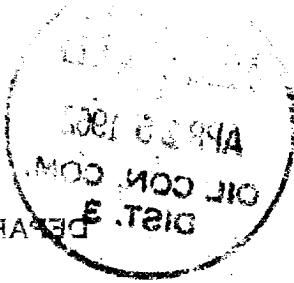
Gallons gasoline per 1,000 cu. ft. of gas _____

Rock pressure, lbs. per sq. in. 1964

EMPLOYEES

_____, Driller _____, Driller

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



LOCATE WELL CORRECTLY

LOG OF OIL OR GAS WELL

Company _____
Location _____
Field _____
County _____
State _____
Elevation _____
The information given here is a complete and correct record of the well and all work done thereon.
Signed _____
Date _____

The summary on this page is for the condition of the well at above date.
Commenced drilling _____
Finished drilling _____

OIL OR GAS SANDS OR ZONES

(Denoted by G)
No. 1 from _____ to _____
No. 2 from _____ to _____
No. 3 from _____ to _____

IMPORTANT WATER SANDS

No. 1 from _____ to _____
No. 2 from _____ to _____

CASING RECORD

Casing	Depth	Weight	Make	Amount	Kind of loss	Lost and pulled from	Repaired	Purpose
If pins or bridges were put in to test for water, state kind of material used, position, and results of pumping or bailing.								

HISTORY OF OIL OR GAS WELL

Case	Why set	Number sacks of cement	Method used	Kind of gravel	Amount of mud used
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MUDDING AND CEMENTING RECORD

Case	Why set	Number sacks of cement	Method used	Kind of gravel	Amount of mud used
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PLUGS AND LEAKERS

Depth set	Length	Size	Material
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SHOOTING RECORD

Size	Weight used	Explosive used	Quantity	Date	Depth shot	Depth cleared and
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TOOLS USED

Rovery tools were used from _____ feet to _____ feet and from _____ feet to _____ feet.
Cable tools were used from _____ feet to _____ feet.

DATES

Set to producing _____
The production for the first 24 hours was _____ barrels of fluid of which _____ was oil.
Emulsion _____; and _____ sediment.
If gas well, call the per cent of gas _____.
Rock pressure, lbs. per sq. in. _____.

EMPLOYEES

Driller _____
Puller _____