

**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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| FILE | 1 |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 GAS 1 |
| OPERATOR | 3 |
| PRORATION OFFICE | |

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

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------|---|---|---|-------------------------------|
| Lease Name <u>Hare</u> | Well No. <u>#15</u> | Pool Name, including Formation <u>Blanco Mesaverde</u> | Kind of Lease State, Federal or Fee <u>Federal</u> | Lease No. <u>SF-076953</u> |
| Location | | | | |
| Unit Letter <u>M</u> | <u>860</u> Feet From The <u>South</u> Line and <u>960</u> Feet From The <u>West</u> | | | |
| Line of Section <u>3</u> | Township <u>29 North</u> | Range <u>10 West</u> , 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) |
| <u>Plateau, Inc.</u> | <u>P. O. Box 108, Farmington, New Mexico 87401</u> |
| 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) |
| <u>Southern Union Gathering</u> | <u>Fidelity Union Tower, Dallas, Texas 75201</u> |
| 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 Res'tv. | Diff. Res'tv. |
| 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)

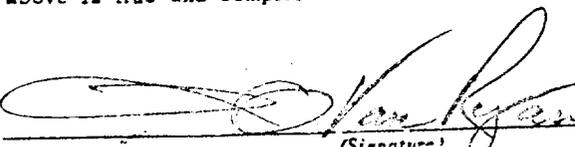
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water -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

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

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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 GAS 1 |
| OPERATOR | 3 |
| PRORATION OFFICE | |

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

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 | 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. | 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. |
|------------------------------------|-----------------------------|----------|-----------------|-------------------|--------|--------------|--------------|---------------|
| (X) | | | | | | | | |
| 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.



 (Signature)
1-1-78 (Date)

 (Title)

OIL CONSERVATION COMMISSION
JAN 12 1978
 APPROVED _____, 19____
 BY **Original Signed by A. R. Kendrick**
 TITLE **SUPERVISOR DIST. #5**

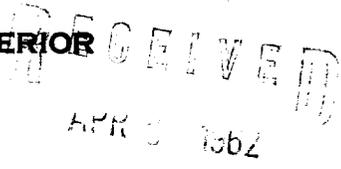
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U. S. LAND OFFICE **Santa Fe**
SERIAL NUMBER **076958**
LEASE OR PERMIT TO PROSPECT **None**

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



LOG OF OIL OR GAS WELL

LOCATE WELL CORRECTLY

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 _____

Date April 19, 1962 Title District Superintendent
Signed Joe C. Salmon

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- | |
| <u>8 5/8</u> | <u>24</u> | <u>8</u> | <u>J-55</u> | <u>6689</u> | <u>6712</u> | | | | |
| <u>4 1/2</u> | <u>6.7</u> | <u>8</u> | <u>J-55</u> | <u>6712</u> | <u>6754</u> | | | | |
| <u>2 3/8</u> | <u>4.7</u> | <u>8</u> | <u>J-55</u> | <u>6754</u> | <u>6838</u> | | | | |

MUDDING AND CEMENTING RECORD

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

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 |
|---|------------|----------------|----------|------|------------|-------------------|
| <u>Sand-water fraced with 65,000 gals. water, 45,000# 20/40 sand, 13,000# 10/20 sand,</u> | | | | | | |
| <u>Breakdown pr. - 1900, Avg. treating pr. - 2700, Max. treating pr. - 3100,</u> | | | | | | |
| <u>Avg. I.R. - 37 bpm, dropped 50 balls, flushed with 125 Bbls.</u> | | | | | | |

TOOLS USED

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 AGF - 2641 Gallons gasoline per 1,000 cu. ft. of gas _____
Rock pressure, lbs. per sq. in. 1964

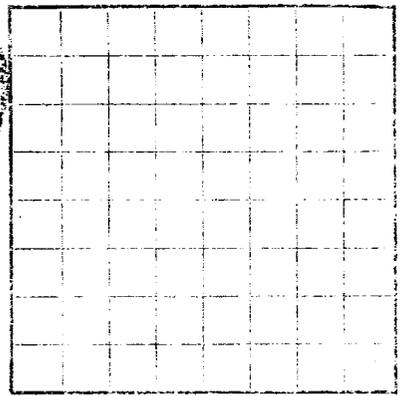
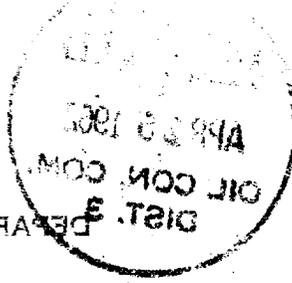
EMPLOYEES

_____, Driller _____, Driller

FOLD MARK

U.S. LAND SERVICE
PERMIT NUMBER
ISSUED ON PERMIT TO PROCEED

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



LOCATE WELL CORRECTLY

LOG OF OIL OR GAS WELL

Company
Location of well
Field
County
State
Elevation
The information given here is a complete and correct record of the well and all work done thereon
as far as can be determined from all available records
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

Table with columns for depth (No. 1, 2, 3, 4 from) and description of sands/zones.

IMPORTANT WATER SANDS

Table with columns for depth (No. 1, 2 from) and description of water sands.

CASING RECORD

Table with columns: Casing, Weight per foot, Weight per yard, Make, Amount, Kind of loss, Cut and pulled from, To, From, Purpose.

HISTORY OF OIL OR GAS WELL

This of the greatest importance to have a complete history of the well. Please state in detail the dates of re-drilling, together with the reasons for the work and its results. If there were any changes made in the casing, state fully, and if any casing was added, or left in the well, give its size and location. If the well has been dynamited, give date, size, position, and number of shots. If pipes or bridges were put in to test for water, state kind of material used, position, and results of pumping or bailing.

MUDDING AND CEMENTING RECORD

Table with columns: Cement, Water, Method used, Kind of fluid, Amount of mud used.

PIGGS AND BEARERS

Table with columns: Pig, Depth set, Length, Size.

SHOOTING RECORD

Table with columns: Size, Shot used, Explosive used, Quantity, Date, Depth shot, Depth cleared and

TOOLS USED

Table with columns: Cable tools used from, Rotary tools used from, foot and from, foot and from

DATES

Put to producing
The production for the first 24 hours was
emulsion of water and sediment
If gas well, gallons per 24 hours
Gallons gasoline per 1,000 cu. ft. of gas
Gravity, 86°

EMPLOYEES

Table with columns: Driller, Puller

MAN