NO3F COPIES REC	EIVED	 !	
DISTRIBUTION			
SANTA FE			_
FILE			
U.S.G.S.			
LAND OFFICE			
RANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF	FICE		

	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
	FILE U.S.G.S.		AND	Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TR.	ANSPORT CIL AND NATURAL C	GAS	
	OIL	-			
	TRANSPORTER GAS	1			
	OPERATOR	-			
1.	PRORATION OFFICE	1			
••	Operator			· · · · · · · · · · · · · · · · · · ·	
	Southland Royalty Company				
Address					
P. O. Drawer 570, Farmington, New Mexico 87499					
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New We!!	Change in Transporter of:	_		
	Recompletion Change in Ownership	Cil Dry G	Effective August	1 1094	
	Change in Ownership	Cashidhear and Course	made WA - Effective August	1, 1304	
	If change of ownership give name and address of previous owner				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including F			
	Chicosa Canyon	1   Wildcat Gal	lup State, Federal	or Fee FEE	
	Location	Camble	1100		
	Unit Letter M : 830	Feet From The South Lin	ne and 1100 Feet From T	he West	
	Line of Section 35 Tox	wnship 31N Range	Ald many Die Aw	uniha a .	
	Line of Section 35 Tox	waship SIN Range	4W , NMPM, Rio Ar	r1Da County	
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	48		
	Name of Authorized Transporter of Cil	or Condensate XX	Address (Give address to which approv	ed copy of this form is to be sent)	
	Giant Refining Comp	any	P. O. Box 9156, Phoeni	x. Arizona 85068	
	Giant Refining Comp		I .	•	
	Northwest Pipeline C		P.O. Box 90, Farmington		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n	
	give location of tanks.	<u> </u>			
		th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completion	on – (X)	1	1 1	
	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	
			D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		i			
٧.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
	OIL WELL	able for this de	epth or be for full 24 hours)		
~ •	Date First New Cli Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	e, etc.)	
				Choke Size	
1	Length of Test	Tubing Pressure	Casing Processes	Choke Sile	
	Actual Prod. During Test	Cil-Bble.	Water - Bbls.	Gas - MCF	
	Actual Fied. During 1991	1	JUL 11 7834		
i				<u> </u>	
	GAS WELL		OIL CON M		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MNC	Gravity of Condensate	
i					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size	
!				<u> </u>	
Vi.	CERTIFICATE OF COMPLIANC	Œ	OIL CONSERVA	TION COMMISSION	
			ABBROVER	JUL 11 1001	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given		APPROVED		
above is true and complete to the best of my knowledge and belief.		BY STATE OF PROPERTY # 3			
		SUPERVISOR DISTRICT # 3			
	Ether Human		This form is to be filed in compliance with RULE 1104.		
	sinc &	ment of the second	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		
(Signature) () () Secretary		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.			
(Title)					
	7-10-		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.		
	7- 10- (Da)	(e)			
Separate Forms C-104 m				be filed for each pool in multiply	
			. completed Wells.		