## NEW MEXICO OIL CONSCRIVATION COMMISSION Porm C-104 SARTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 !! Effective 1-1-65 AND FII.8AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS u.s.g.s. LAND OFFICE 1 TRAL PORTER 1 OPERATOR PROBATION OFFICE Operator SOUTHLAND ROYALTY COMPANY P. O. DRAWER 570, FARMINGTON, NEW MEXICO 87401 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of: Plug and Abondon Dakota Zone OIL Dry Gas Recompletion After Workover Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease Name State, Federal or Fee SF-079037 4 Hale Blanco Mesa Verde Location 2055 Feet From The North Line and 405 Feet From The East Unit Letter 8W 31N San Juan , NMPM, County Township Range Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate XX P. O. Box 108, Farmington, New Mexico 87401 Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401 El Paso Natural Gas Company Is gas actually connected? Twp. P.ge. Unit . Sec. If well produces oil or liquids, yes give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Gas Well New Well Workover Plug Back Same Resty, Dill. Resty Oll Well Deepen Designate Type of Completion - (X) X χ P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 5,444' Top Oll/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Mesa Verde 5,4441 Depth Casing Shoe Perforations Squeezed Dakota zone with 50 sxs Class B Neat TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 5,4431 2-3/8" (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Oil-Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbie. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION

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 12 true and complete to the best of my knowledge and belief.

(Signature) District Production Manager

(Title)

(Date)

March 14, 1978

By Original Signed by A. R. Kendrick SUPLEYLSOL LINE, A

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 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