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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	AND INSPORT OIL AND NATURAL (
	LAND OFFICE	AUTHORIZATION TO TRA	MAPORT OIL AND NATURAL (343			
	TRANSPORTER OIL						
	OPERATOR GAS						
ı.	PRORATION OFFICE						
		Southland Royalty Company					
		P. O. Drawer 570, Farmington, New Mexico 87499					
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Cil Dry Gar	s ı∍αι• XXI- -Effective August	1 1084			
	If change of ownership give name	conden	Sur My Periodite August	. 1, 1304			
11	and eddress of previous owner DESCRIPTION OF WELL AND I	FASE					
14.	Lease Name	Well No. Pool Name, Including Fo		ļ -			
	Nye	3A Basin Dakota	State, Federa	or Fee Federal \$F-078198			
	Unit Letter P 800	Feet From The South Line	e and 800 Feet From	The East			
	Line of Section 1 Tow	mship 30N Range	11W , NMPM, San J	lian County			
III.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S Address (Give address to which appro	ved copy of this form is to be sent)			
	Giant Refining Comp	anv	P. O. Box 9156, Phoeni	x, Arizona 85068			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas XX	Address (Give address to which appro				
	Southern Union Gather	ring Unit Sec. Twp. Rgs.	P.O. Box 1899, Bloomf				
	If well produces oil or liquids, give location of tanks.	1					
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, Oil Weil Gas Well	give commingling order number: New Weil Workover Deepen	Plug Back Same Restv. Diff. Restv.			
	Designate Type of Completio		House was a suppose				
	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			
		TURING CASING AND	CENENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	AGE TIZE						
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-			
- "	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas le	ift, etc.)			
			Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure	Cdaing Pressure	. F M			
	Actual Prod. During Test	Oil-Bbis.	Water-Bble.	A. Act			
				2 1			
	GAS WELL		131 2 111 1	1984 Gravity, ef Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF JUL 1	T. DIV.			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-) DIS	Chake Size			
V1.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV				
			APPROVED				
	I hereby certify that the rules and r Commission have been compiled w	vith and that the information given	7 (70)				
	Secretary (Date)		BY Tranks . Javez	SUPERVISOR DISTRICT # 3			
			TITLE				
			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 accompatents taken on the well in accompany	ented by a tabulation of the deviation			
			All sections of this form m	ust be filled out completely for allow-			
			able on new and recompleted w	veils.			
			well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply				
			Separate Forms C-104 must completed wells.	er og tiled for each boot in mirtibly			

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HO. OF COPIES REC	LIVED	1	
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OPERATOR			

	SANTA FE FILE U.S.G.S.	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Elfective 1-1-65			
	IRANSPORTER OIL GAS OPERATOR		NO ON TOTE AND NATURAL G.	~ 3			
I.	PRORATION OFFICE Operator						
	Southland Royalty Company Address 0 Decrease 570 Farming to No. 10 07100						
		Address P. O. Drawer 570, Farmington, New Mexico 87499					
	Reason(s) for filing (Check proper box New Well	Change in Transporter of:	Other (Please explain)				
	Recompletion Change in Ownership	Cil Dry Ga Casinghead Gas Conden	VV F44+	1, 1984			
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Weil No. Pool Name, Including Fo		or Fee Federal SF-078198			
	Nye Location	3A Blanco Meave	erde James, i desidi	or F ← Federal SF-078198			
	Unit Letter P; 80	O Feet From The South Lin	• and '800 Feet From T	he East			
	Line of Section 1 To	waship 30N Range	11W , NMPM, San J	uan County			
III.	DESIGNATION OF TRANSPOR'	TER OF OIL AND NATURAL GA	S Address (Give address to which approve	ed copy of this form is to be sent)			
	Giant Refining Comp	pany	P.O. Box 9156, Phoenix,	, Arizona 85068			
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to which approve				
	Southern Union Gath	Unit Sec. Twp. Rge.	P. O. Box 1899, Bloomfi				
	If well produces oil or liquids, give location of tanks.						
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,					
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
	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			
			<u> </u>				
V.	TEST DATA AND REQUEST F		i fter 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 Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	t, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	CE III			
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-Met)			
	JUL I I 1304						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate MAGE CON.	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
			•	TION COMPLETE OF A AND A			
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COM JETION 1 1984			
	Commission have been complied v	regulations of the Oil Conservation with and that the information given	APPROVED	SUPERVISOR DISTRICT			
	above is true and complete to the	e peat of my knowledge and belief.	TITLE				
		U.	This form is to be filed in c				
	Cetter Dlegege		If this is a request for allow	able for a newly drilled or deepened nied by a tabulation of the deviation			
(Signature) U U Secretary (Title)			tests taken on the well in accord	dance with RULE 111.			
			able on new and recompleted we	at be filled out completely for allow-			
)-}Y	well name or number, or transport	. III, and VI for changes of owner, en or other such change of condition. be filed for each pool in multiply			
			Seberara voime o-rod mass				