NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
GAS	1	
OPERATOR		
PRORATION OFFICE		
	OIL GAS	OIL GAS I

	SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS (REQUEST FOR ALLOWABLE AND G.S. DOFFICE NSPORTER OIL NSPORTER OIL		Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65			
1.	OPERATOR PROBATION OFFICE Operator Southland Royals	TV Company					
	P.O. Drawer 570, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain)						
-	New We!! XX Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gr Casinghead Gas Conde	as [apera		in change		
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.						
	Grenier A	7 Aztec Picture		State, Federal or F	i i		
	Unit Letter K ; 175	Feet From The South Lit	ne and <u>1605</u>	Feet From The	West		
	Line of Section 26 Tov	viship 30N Range	10W , NMP	M, San Ju	ian County		
Ш.	DESIGNATION OF TRANSPORT			to which approved co	opy of this form is to be sent)		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Southern Union Gathering		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, New Mexico				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connect No				
IV.	If this production is commingled wit COMPLETION DATA						
	Designate Type of Completio	n - (X) Gas Well X Quie Compl. Ready to Prod.	New Well Workover X Total Depth		g Back Same Res'v. Diff. Res'v.		
	10-18-77 Elevations (DF, RKB, RT, GR, etc.)	12-5-77 Name of Producing Formation	28681 Top Oll/Gas Pay		2828† ping Depth		
	6155' GR Perforations	Pictured Cliffs	2728'	Des	oth Casing Shoe		
	2728' - 2788' Pictured Cliffs 2859' TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT		
	12-1/4''	8-5/8'' 2-7/8''	118' 2859'		90 sxs 170 sxs		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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 (Flo	w, pump, gas lift, etc	.)		
	Length of Test	Tubing Pressure	Casing Pressure	Cho	oke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gae	s-MCF		
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	OF Gra	rvity of Condensate		
	634 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (shut-in)	Casing Pressure (Shu	t-in) Cho	oke Size		
	Back Pressure		867	001155514710	3/4"		
V 1.	CERTIFICATE OF COMPLIANC	CE .		CONSERVATIO			
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 Manager (Title)			APPROVED JAN 4 1978				
			TITLE	SUPERVISOR DIS	ST. 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 RULE 111. All sections of this form must be filled out completely for allow-				
							December 27, 19

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.