

Operator
Southland Royalty Company

Address
P. O. Drawer 570, Farmington, New Mexico

Reason(s) for filing (Check proper box)
New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name
Nye

Well No.
1A

Pool Name, Including Formation
Blanco Mesa Verde

Kind of Lease
State, Federal or Fee SF-078198

Lease No.

Location
Unit Letter 0 ; 820 Feet From The South Line and 1550 Feet From The East
Line of Section 12 Township 30N Range 11W , NMPI, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Plateau, Inc.

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 108, Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
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.

Rge.

Is gas actually connected? No.

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'v. Diff. Res'v.
X X

Date Spudded
5-24-78

Date Compl. Ready to Prod.
6-19-78

Total Depth
5225'

P.B.T.D.
5157'

Elevations (DF, RKB, RT, GR, etc.)
6049' GR

Name of Producing Formation
Mesa Verde

Top Oil/Gas Pay
4850'

Tubing Depth
5073'

Perforations
4850' - 5087'

Depth Casing Shoe
5222'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 9-5/8" 223' 120 sacks
8-3/4" 7" 2901' 240 sacks
6-1/4" 4-1/2" 2763'-5222' 260 sacks
2-3/8" 5073'

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
3,266

Length of Test
3 Hrs.

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)
Back Pressure

Tubing Pressure (Shut-in)
825 psig

Casing Pressure (Shut-in)
823 psig

Choke Size
3/4"

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

District Production Manager

7-10-78

Date

OIL CONSERVATION COMMISSION

APPROVED

BY

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 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.