

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-111	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRORATION OFFICE					
Operator Southland Royalty Company					
Address P. O. Drawer 570, Farmington, New Mexico					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well <input checked="" type="checkbox"/>		Change in Transporter of:			
Recompletion <input type="checkbox"/>		Oil <input type="checkbox"/>		Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name Grenier "A"		Well No. 8		Pool Name, including Formation Basin Dakota	
				Kind of Lease State, Federal or Fee SF-77282	
				Lease No.	
Location					
Unit Letter F		1450 Feet From The North		1450 Feet From The West	
Line of Section 35		Township 30N		Range 10W	
				NMPM, San Juan County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Plateau, Inc.		P. O. Box 108, Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Southern Union Gathering Company		P. O. Box 1899, Bloomfield, New Mexico			
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
		Twp.		Pge.	
				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	
				X	
Date Spudded 6-29-78		Date Compl. Ready to Prod. 10-30-78		Total Depth 7225'	
Elevations (DF, RKB, RT, GR, etc.) 6122' GR		Name of Producing Formation Dakota		Top Oil/Gas Pay 7015'	
Perforations 7015'-7127' Dakota				Tubing Depth 7074'	
				Depth Casing Shoe 7225'	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
12-1/4"		9-5/8"		219'	
8-3/4"		7"		5346'	
6-1/4"		4-1/2"		5198'-7225'	
		2-3/8"		7074'	
				SACKS CEMENT 120 SXS	
				480 SXS	
				240 SXS	
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	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Choke Size	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D 1,926 MCF/D		Length of Test 3 hrs		Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.) Back Pressure		Tubing Pressure (Shut-in) 1811 psig		Gravity of Condensate	
				Casing Pressure (Shut-in) ---	
				Choke Size 3/4"	
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION		
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.			APPROVED _____, 19 _____		
			BY _____ Original Signed by A. R. Hendric.		
			TITLE _____		
(Signature) District Production Manager			This form is to be filed in compliance with RULE 1104.		
(Title) November 15, 1978			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.		
(Date)			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.		