

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator		API 30-045-23122			
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		Well No.		Pool Name, Including Formation	
Grenier "A"		8		Blanco Mesaverde	
Location		Kind of Lease		Lease No.	
Unit Letter F ; 1450 Feet From The North Line and 1450 Feet From The West		State, Federal or Fee SF-77282			
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.		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		Box 1899, Bloomfield, New Mexico			
If well produces oil or liquids, give location of tanks.		Unit		Is gas actually connected? When	
				No	
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		X	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
6-29-78		10-30-78		7225'	
Elevations (DF, RAB, RT, GR, etc.)		Name of Producing Formation		P.B.T.D.	
6122' GR		Mesaverde		7176'	
Perforations		Top Oil/Gas Pay		Tubing Depth	
4384'-5133'		4384'		5117'	
				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'	
		1-1/2"		5117'	
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 (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil-Bbls.		Choke Size	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
2,667		3 hrs		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
Back Pressure		1028 psig		Choke Size	
				3/4"	
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED JAN 12 1978, 19					
BY Original Signed By A. R. Kendrick					
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.					