DISTRUBUTION NEW MEXICO OIL CONSERVATION COMMISSION Dim C-104 REQUEST FOR ALLOWABLE Supersedes Old Calos and i FILE U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRAL PORTER GAS API 30-045-23123 OPERATOR PRORATION OFFICE Operator Southland Royalty Company P.O. Drawer 570, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) XChange in Transporter of: 011 Recompletion Dry Gas Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ . DESCRIPTION OF WELL AND LEASE Kind of Lease Well No.; Pool Name, Including Formation State, Federal or Fee SF-79037 5 Basin Dakota Hale Location 1110 Feet From The South Line and West 790 , NMPM, 31N Range 8W 34 Township I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P. O. Box 108, Bloomfield, New Mexico Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X gas actually connected? When El Paso Natural Gas Company F.ge. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back Same Resty. Diff. Resty New Well Workover Deepen Oil Well Designate Type of Completion -(X)P.B.T.D. Total Depth Date Spudded Date Compl. Ready to Prod. 7796' 7832**'** 7-5-79 12-16-78 Tubing Depth Top Oli/Gas Pay Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation 7606' 7760' 6307' GR Dakota Depth Casing Shoe Perforations 7831**'** 7606' - 7780' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 110 sacks 9-5/8" 229' 12-1/4" 220 sacks 7" 3473' 8-3/4" 3339'-7831' 520 sacks 4-1/2" 6-1/4" 7760**'** 2-3/8" (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Cheke Size Casing Fressure Tubing Pressure Length of Test Gas - MOF Water - Bble. Oil-Bble. Actual Pred, During Test OIL GAS WELL Cravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test 3 hours Casing Pressure (Shut-in) Tubing Preseure (Shut-in) Testing Method (pitot, back pr.) 1470 psig 1470 psig Back Pressure OIL CONSERVATION COMMISSION L CERTIFICATE OF COMPLIANCE JUL 2 3 1979

Original Signed by A. R. Kendrick SUPERVISOR DECESSOR SE TITLE _

APPROVED.

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.

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(Title)

(Date)

District Production Manager

July 12, 1979

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