HO. OF COPIES RECEIVED		5	
DISTRIBUTION			1
SANTA FE		1	
FILE		17	
U.S.G.S.		1	
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS	Π	
OPERATOR		7	
PROBATION OFFICE		T T	

VI.

(Signature)

5-24-79

District Production Manager (Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110

Form C-104

	FILE /		AND	Effective	1-1-65			
	U.S.G.S.	ATURAL GAS						
	LAND OFFICE			TOTAL ON				
	OIL	7						
	TRANSPORTER GAS	7						
	OPERATOR	╡		454 64				
_		-{`		API 30	-045-23311			
1.	PRORATION OFFICE Operator							
		_						
Southland Royalty Company								
	Address							
	P. O. Drawer 5	70, Farmington, NM 8740	1					
	Reason(s) for filing (Check proper box	:)	Other (Please e.	xplain)				
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Gas						
	Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name							
	and address of previous owner							
II.	DESCRIPTION OF WELL AND			ind of Lease				
	Lease Name	Well No. Pool Name, Including F						
	Zachry Com	1-A Blanco Mesa	Verde s	ote, XXXXXXXXXX State				
	Location							
Unit Letter C : 900' Feet From The North Line and 1630' Feet From The West								
	Unit Letter Feet From The THOT GIT Line and TOO Feet From The WEST							
	Line of Section 2 To	waship 30N Range 1	2W , NMPM,	San Juan	County			
	Line of Section 2	wilding Solv Hange 1	7	Dari Gaari				
***	DECICAL ATTION OF TRANSPOR	TED OF OH AND NATURAL C	16					
111.	Name of Authorized Transporter of Of	TER OF OIL AND NATURAL GA	Address (Give address to	which approved copy of this form	is to be sent)			
	Reine of Authorized Thisporter of Or	o. condensate Z						
	Plateau, Inc		P. O. Box 108, Farmington, NM Address (Give address to which approved copy of this form is to be sent)					
				union approved copy of this form	13 to be sent)			
	El Paso Natural Gas (P. O. Box 990, Farmington, NM					
	If well produces oil or liquids,	liquids. Unit Sec. Twp. Rge. 1s		Is gas actually connected? When				
	ive location of tanks.							
	**************************************	th that from any other lease or pool,	give commingling order n	umhes				
W	COMPLETION DATA	th that from any other lease or pool,	give comminging order in	umber.				
3 ¥ .	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same	Res'v. Diff. Res'v.			
	Designate Type of Completic	on — (X)	X	; I)			
	Data Canadad	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Date Spudded		l .					
	2-7-79	5-15-79	4927'	4923 Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay					
	5905' GR	Mesa Verde	4610'	4848'				
	Perforations			Depth Casing Shoe				
	4610' - 4864' 4925'							
TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS	EMENT			
	12 1/4"	9 5/8"	234'	105 s	X			
	8 3/4"	7"	2520'	210 s				
		4 1/2"	2379' - 4925'	300 s				
	6 1/4"		4848		<u> </u>			
		2 3/8"						
V.		DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all						
	OIL WELL able 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.)							
				100				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	1min			
			ļ					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF				
					· 10 1			
		<u></u>			4 10 12			
	CAC WELL			1				
1	GAS WELL Actual Prod. Test-MCF/D Length of Test		Bbls. Condensate/MMCF	Gravity of Conden	crie			
	•	•	Data. Condensate/ Minici	1012				
	3037	3 Hours			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-18	- 1 Han	Think was seen			
	Back Pressure	1013 psig	1041 psis	3/4 ⁿ	en amerika bilikulu.			
i 1 /1		MOISTING MOTAL TO ME TO						
¥ 1.	ERTIFICATE OF COMPLIANCE							
			APPROVED	JUN 1 1 1979	_, 19			
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.								
			By Original Signed by A. R. Kendrick					
		TITLE SUPERVISOR DISTRICT 第 3						
///			TITLE					
			This form is to he	filed in compliance with R	JLE 1104.			
,		<i>V V</i> . /	1	t for allowable for a newly d	heneneh on hatti-			

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.