

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator Southland Royalty Company	
Address P. O. Drawer 570, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nye	Well No. 14-E	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078198
Location				
Unit Letter <u>G</u> ; <u>1580</u> Feet From The <u>North</u> Line and <u>1670</u> Feet From The <u>East</u>				
Line of Section <u>13</u> Township <u>30N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

III. 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	4775 Ind. Sch. Rd, N.E., Albuquerque, NM 87110
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	P.O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No

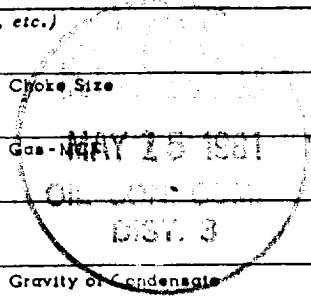
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 1-27-81	Date Compl. Ready to Prod. 4-7-81	Total Depth 7239'	P.B.T.D. 7073'					
Elevations (DF, RKB, RT, GR, etc.) 6091' GR	Name of Producing Formation Mesa Verde	Top Oil/Gas Pay 4902'	Tubing Depth 5110'					
Perforations 4902'-5128'			Depth Casing Shoe 7216'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	10-3/4"	234'	189 sacks					
9-7/8"	7-5/8"	4835'	540 sacks					
6-3/4"	5-1/2"	4422'-6931'	**SEE OTHER SIDE**					
	4"	6805'-7216'						
	1-1/2"	5110'						

V. 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Mcf



GAS WELL

Actual Prod. Test-MCF/D 9423	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 948	Casing Pressure (Shut-in) 953	Choke Size 3/4"

VI. 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]  
(Signature)  
District Production Manager  
(Title)  
May 12, 1981  
(Date)

OIL CONSERVATION COMMISSION  
JUL 21 1981  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3  
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.

\*\*\*CONTINUED FROM OTHER SIDE\*\*\*

5-1/2" Cement Liner Information:

Ctm 6931', cemented with 75 sacks cement.

Perf'd 2 holes at 6520', cemented with 50 sack of cement and  
re-squeezed with 35 sacks cement.

At 5250', squeezed with 100 sacks cement and 150 sacks cement.

At 4902', squeezed with 100 sacks cement.