облиния юн NEW MEXICO OR, CONTERVATION Form C -104 SABLATIC REQUEST FOR ALLOWABLE Supervedex Old C-104 and 6.-! Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL. TRAIL PORTER GAS OPERATOR PRORATION OFFICE Southland Royalty Company Drawer 570, Farmington, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) XNew Well Change in Transporter of: Recompletion Cil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Grenier "A" 4-EBasin Dakota State, Federal or Fee Federal Location : 1660 Feet From The North Line and 1590 Feet From The Township 30N Line of Section 26 Range 10W , NMPM, San Juan 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate 😿 Plateau, Inc. Name of Authorized Transporter of Casinghead Gas 4775 Ind. Sch. Rd, N.E., Albuquerque, NM 87110 Address (Give address to which approved copy of this form is to be sent) or Dry Gas X Southern Union Gathering Box 1899, Bloomfield, New Mexico 87413 Is gas actually connected? F.ge. Sec. Twp. Unit If well produces oil or liquids, No If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Gas Well Workover Oil Well New Well Deepen Plug Back Same Resty. Diff. Resty Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 3-10-81 5-21-81 7303**'** 7263' Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Tubing Depth 6132' GL 7046' Dakota 7163 Perforations Depth Casing Shoe 7046'-7212' 7298' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 13-3/4" 10-3/4" 206' 136 sacks 9-7/8" 7-5/8" 2970' 360 sacks 4-1/2" 6-3/4" 2809<u>'-7298'</u> 710 sacks 2-3/8" 7163' 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Street Tubing Pressure Casing Pressure Length of Test Water - Bbls. Actual Pred. During Test JUL 13 1981 GAS WELL OIL, CON. COM Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF DIST. 3 1249 3 hrs

Tubing Pressure (Shut-in)

1645

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)

(Title)

(Date)

Testing Method (pitot, back pr.)

CERTIFICATE OF COMPLIANCE

L. O. Van Ryan

July 2, 1981

Back Pressure

1650 OIL CONSERVATION COMMISSION 81 APPROVED_ Griginal Signed by FRANK T. CHAVEZ BY... SUPERVISOR DISTRICT

Choke

Legse No.

County

SF-077282

This form is to be filed in compliance with RULE 1104.

Casing Pressure (Shut-in)

TITLE _

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 MULE 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.