## DISTRIBUTION NEW MEXICO OIL CONTRIBUTION COSMISSION Form C -164 SANLEA DE REQUEST FOR ALLOWABLE Supersedex Old C-104 and C-110 FILL. AHD U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRAN PORTER GAS OPERATOR PRORATION OFFICE Southland Royalty Company P. 0. Drawer 570, Farmington, New Mexico 87499 Reason(s) for filing (Check proper box) Other (Please explain) XX New Well Change in Transporter of: Dry Gas Recompletion Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease 14A Nye Blanco Mesaverde Location 790 Feet From The South Line and 1090 Unit Letter 30N 13 Township 11W , NMPM, Range <u>San Juan</u> Name of Authorized Transporter of OIL and NATURAL GAS Giant Refining Company Name of Authorized Transporter of Casinghead Gas

Effective 1-1-65 Lease No. State, Federal or Fee Federal SF-078198 County Address (Give address to which approved copy of this form is to be sent) .0. Box 9156, Phoenix, Arizona 85068 ddress (Give address to which approved copy of this form is to Southern Union Gathering P.O. Box 1899, Bloomfield, New Mexico Unit Twp. Is gas actually connected? If well produces oil or liquids, give location of tanks. No If this production is commingled with that from any other lease or pool, give commingling order number: Deepen Same Resty, Diff. Resty. Gas Well New Well Plug Back Designate Type of Completion - (X) Χ X Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spuaded

IV. COMPLETION DATA 6-08-84 8-19-84 5195' 5240 Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation 6140' GL 4938' 49891 <u>Mesaverde</u> Depth Casing Shoe Perforations 4938'-5160' 51971 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE 214.73 12-1/4" 9-5/8" 110 sxs - 130 cu.ft 32.30#, H-40 8-3/4" 20#, 2805 260 sxs - 413 cu.ft K-55 4-1/2". 6-1/4" <u>-5</u>197' 320 sxs - 467 cu.ft 10.50#, K-55 26391 2-3/8" 4989 4.70#, J-55

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow 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 h	
Length of Test	Tubing Pressure	Casing Pressure	العنال	Choke Size
			$M_{i}$	1256 1964
Actual Pred. During Test	Oil-Bble.	Water-Bole. Stad MCF		A COST WEE
				LOW DIV.
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DIST. 3 **GAS WELL** Gravity of Condensate Length of Test Bbls. Condensate/MMCF Actual Prod. Test-MCF/D 3 hours 2681 Choke Size Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure ( Shut-in ) 3/4" 1027 Back Pressure 1024

1.	CERTIFICATE	OF	COMPI	LIANCE

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.

Esther & Tregere
(Bignature) ()
Secretary
(Title)
C+ 4 1004

(Dute)

OIL CONSERVATION COMMISSION

SEP 1 4 1984 APPROVED Original Signed by FRANK T. CHAVEZ BY\_

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 NULE 111.

SUPERVISOR DISTRICT # 3

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 walls.