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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Southland Royalty Company	Well API No.
Address P.O. Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Burnt Mesa	Well No. 101	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. NM-2996
Location				
Unit Letter N	1175	Feet From The South	Line and 1500	Feet From The West
Section 25	Township 32 North	Range 7 West	NMPM,	San Juan
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)					
Meridian Oil Inc.	P.O. Box 4289, Farmington, NM 87499					
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)					
Meridian Oil Inc.	4289, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 25	Twp. 32N	Rge. 7W	Is gas actually connected?	When ?

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'v	Diff Res'v
		X	X					
Date Spudded 7-22-88	Date Compl. Ready to Prod. 8-15-88	Total Depth 3341' KL	P.B.T.D. N/A					
Elevations (DF, RKB, RT, GR, etc.) 6602' GL	Name of Producing Formation Basin Frt. Coal	Top Oil/Gas Pay 3217'	Tubing Depth 3329'					
Perforations 3217'-48'; 3251'-90'; 3293'-3333'; (Predrilled Liner). 12 SPF			Depth Casing Shoe 3335'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	227'	174 cf					
8 3/4"	7"	3255'	1080 cf					
6 1/4"	5 1/2"	3335'	-----					
	2 3/8"	3329'	-----					

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) SI-301	Casing Pressure (Shut-in) SI-1208	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Peggy Bradfield Regulatory Affairs

Printed Name
April 6, 1989
Date
(505) 326-9727
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

By Original Signed by FRANK J. GARVEZ

Title SUPERVISOR ENGINEER

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.