Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	BEOL	IEST E		I OWA	BLE AND	ALITHORI	ZATION				
I.					L AND NA						
Operator	-		11101	0111 0		TOTIAL		API No.			
Southland Royalty Com	pany										
Address											
P. O. Box 4289, Farming (Check proper box)	ngton,	NM 8	7499			et (Please expi	lai-1		~~ ——		
New Weil		Change in	Transno	orter of:		et (riedet expi	aur)				
Recompletion	Oil		Dry G	- T	Ff	fective	11/20/9	1			
Change in Operator	Casinghead	d Gas 🔲	Conde	_			, -0, 3	-			
If change of operator give name						 , ,,, ,		<u></u>			
and address of previous operator											
	DESCRIPTION OF WELL AND LEASE				4 F		V:-1	-61		\$1.	
Lease Name Davis		Well No. 501	1		ding Formation itland Co	1		of Lease Federal or Fee		16.00	
Location	1	501]Dasi	ili i ru	iciana co	<u>a ı</u>			<u> </u>	/ 040	
Unit Letter	. 186	55	Reat Pr	rom The	South I in	and 121	.5 💂	et From The	West	Line	
	- •		_ 100.11			· •••	·	set LIOIT THE _			
Section 11 Township	31N		Range		12W , n	мрм, Sar	<u>Juan</u>	<u>-</u>		County	
III. DESIGNATION OF TRAN	CBADTE	D OF O	TT A NI		TDAT CAS						
Name of Authorized Transporter of Oil	SPURIE	or Conde				e address to w	hich approved	copy of this fo	rm is to be se	mt)	
Meridian Oil Inc.				1		• •	iton. NM 87499				
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas X				copy of this fo		nt)	
Sunterra Gas Gatherin	g Compa	ny						ield, NM	87413		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	L Is gas actuali	y connected?	When	?			
If this production is commingled with that i					diae ada am						
IV. COMPLETION DATA	non any our	et lesse of	poor, gr	ve commin	Rung orest nem			v			
		Oil Well	1 (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1			1	1	1			<u> </u>	
Date Spudded	Date Comp	ni. Ready u	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducina E	omation	· · · · · · · · · · · · · · · · · · ·	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Libradons (D1 , Idio), R1, OR, dic.,	COOCIEG 1	O(MELION)	•		, in the second			Tubing Deput			
Perforations	1							Depth Casing	Shoe	* *	
				CEMENTI							
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
- 30.4		· · ·		<u></u>	- 						
					 		-				
V. TEST DATA AND REQUES											
OIL WELL (Test must be after no Date First New Oil Run To Tank	Date of Tes		of load	ou and mu		ethod (Flow, p			7 July 14 NOV	10 10	
Date I have on the 10 land	Date Of Tes	34.		*	110000000	, , , , , , , , , , , , , , , , , , ,			m er e	V 15.	
Length of Test	Tubing Pre	SELEC.		· · · · · ·	Casing Press	Casing Pressure					
								NOV1 9 1991			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	•		OIL CON. DIV			
								VIL	DIST	30, #	
GAS WELL	· · · · · · · · · · · · · · · · · · ·					4 4 / / / / /			4, 14	•	
Actual Prod. Test - MCF/D	Length of	l'est			Bbls. Conde	MMCP		Gravity of C	Ognegate		
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shu	t-in)		Casing Press	ure (Shut-in)		Choke Size		-	
Transfer (prior) real priy		,	<i>'</i>			, ,					
VI. OPERATOR CERTIFIC	ATE OF	СОМ	PLIAN	NCE							
I hereby certify that the rules and regula							NSERV	ATION I	JIVISIC	N	
Division have been complied with and is true and complete to the best of my i		-	ren abov	e				•			
IN TITLE WITH ANTIQUESE OF RIC DEST OF ITTY I		m vehel.	_		Date	Approve	ed	10V 1 9 1	991		
$\varphi_{\cdot \cdot \cdot \cdot \cdot}$	1/21			,			•				
Signal Politica 4	KUIL	Wa	1	L	∥ By_		-	3			
Leslie Kahwajy Production Aprilyst					Title SUPERVISOR DISTRICT 42						
Printed Name	EOE	226 0	700		Title		SUPER	VISOR DIS	I BICT	13	

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

11/19/91

- 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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

505-326-9700

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