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

DIST. UCT II P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.					BLE AND							
Operator	TO TRANSPORT OIL AND NATURAL GAS								Well API No.			
Southland Royalty Com	ipany		-							··		
P. O. Box 4289, Farmi	ngton, NM	1 874	199									
Reason(s) for Filing (Check proper box) New Well	C t	ange in T	ransmorte	r of:	Oda	et (Ple	ase explo	uin)		-		
Recompletion	Oil		Ory Gas	$\overline{\mathbf{x}}$	Ef	fect	ive :	1/20/9	1			
Change in Operator If change of operator give name	Casinghead G	as [] C	Condensat				-					
and address of previous operator							-u					
IL DESCRIPTION OF WELL				·	 						_	
Davis	Well No. Pool Name, Include 502 Basin Fru								of Lease , Federal or Fe	of Lease No. Federal or Fee SF-077648		
Location	2005	 '-				<u></u>	1226	· · · · · · · · · · · · · · · · · · ·				
Unit Letter K	:2085	F	eet From	The	outh Lin	e and _	1330) F	eet From The	West	Line	
Section 12 Townshi	31N	R	ange	1:	2W , N I	MPM,	San	Juan			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil		Condensa				e addre	ISS LO WA	ich approve	d copy of this j	form is to be se	int)	
Meridian Oil Inc. Name of Authorized Transporter of Casing		P. O. Box 4289. Farming				<u>iton, NM 87499</u>						
Sunterra Gas Gatherin					Address (Give address to which approved P. O. Box 1899. Bloomf							
If well produces oil or liquids, give location of tanks.	Unit Sec		wp.	Rge.	Is gas actuall			When	1010, NN	1_8/413		
If this production is commingled with that	from any other le	986 07 70	ol give o	coming	ing order sund			L				
IV. COMPLETION DATA		was or ho	u, give c	Omming	ring otoes mann	Jet:	-					
Designate Type of Completion	- (X)	il Well	Gas	Weil	New Well	Worl	over	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. R	eady to Pr	rod.		Total Depth	•			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casing Shoe			
		D.C. C										
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT		
					DEPTH SET				SACKS CEMENT			
										·		
V. TEST DATA AND REQUES OIL WELL (Test must be after re												
Date First New Oil Run To Tank	Producing Me				200	depth or be for full 24 hours.)						
	47.						•		1	(10) 6 (1)		
Length of Test	Tubing Pressure				Casing Pressu	æ			Clare Size	NOV1 9 1991		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF	Gas- MCF		
	<u> </u>						···			COM.		
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Dhie Carden	AA	I/CC		10	DIST.	<u>3</u>	
7000 1000 1000 17101/D	routhit of test				Bbls. Condensate/MMCF				Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	Choke Size		
VI OPERATOR CERTIFIC	ATE OF CO)MDT 1	IANO	F				<u></u>		···		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					NOV 1 9 1991							
$\mathcal{L}_{\mathbf{a}}$	/2 h	 ا سا			Date	App	roved					
Desire garwayy					By_	By Bill Chang						
Signature Leslie Kahwajy Production Awalyst					SUPERVISOR DISTRICT /3							
Printed Name 11/19/91	505-32		ile		Title_						· <u>-</u>	
Date	300-02	Telepho										

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.

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