Subsait 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, Astonia, NM \$8210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Courthless Research	0-						1	API NO.		
Southland Royalt	y C6				<del></del>			30-045-	- 28566	
PO Box 4289, Fa	rmington	, NM	8749	9						
Resson(s) for Filing (Check proper bo	x)		<del></del>		Othe	r (Please expl	gin)			
New Well	•	Change is	Transporter	of:	_	•	•			
Recompletion	Oil		Dry Gas							_
Change in Operator	Casinghead	Gas	Condensate							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WEI	LANDIFA	CE .						······································		
Less Name			Pool Name	Include	ng Formation	<del></del>	Y in d	of Lease	i	ease No.
Albino Canyon	1	1			- 1			Federal or Fee K-5808		
Location		×	·				_  \		IN JO	.00
Unit Letter K	:14	45	Feet Prom	The S	South Line	129	95 _	set From The	West	Line
3.6	2.0						٠٠ ١٦	PER FIORE TER	<del></del>	
Section 36 Town	eship 32	N	Range	8W	, NM	IPM,	San Ju	ıan		County
III. DESIGNATION OF TR	ANCHADTED	OFO	T	. 7 A CETE 17	D. F. G. G					
Name of Authorized Transporter of O	ANSPURIER	or Conden		_		address to w	hich armana	l annu of this	form is to be s	
Meridian Oil In					PO Box					
Name of Authorized Transporter of Co	seinghead Gas		or Dry Gas	X	Address (Give	address to w	hick approved	copy of this	form is to be s	(499 ent)
Meridian Oil In	c				PO Box	4289,	Farmin	ngton,	NM 87	499
If well produces oil or liquids, give location of tanks.	, .		Тер	-	Is gas actually		When			
	K	36		3						
If this production is commingled with 1  IV. COMPLETION DATA	hat from any other	riesse or	pool, give co	mmingi	ing order numb	er				
THE COMMEDITION DATA	<del></del>	Oil Well	Gas	Well	New Well	Workover	Deepen	Diva Dask	Same Res v	Diff Basis
Designate Type of Completi	on - (X)		l x			WORDVEI	Dechen	Flug Back		Diff Res'v
Date Spudded	Date Compl.	Ready to			Total Depth	<del></del>	<u>.l</u>	P.B.T.D.		_1
7-31-91		11-16-91			3882 <b>'</b>					
Elevations (DF, RKB, RT, GR, esc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
6983 GL	6983'GL Fruitland Coal				3607'			3846'		
	21 2605	270	11 27	200	0.01 /	. 1 . ! 1 1		Depth Casi	ng Shoe	
3607-10', 3648 <b>-</b> 5								<u>er)</u>		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
12 1/4"		9 5/8"			236'			189 cu.ft.		
8 3/4"	7"	7"			3570 <b>'</b>			1269 cu.ft.		
6 1/4"					3860'			158 cu.ft.		
U TECT DATA AND DECL		3/8"	ADLE		384	5 <b>'</b>			· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUE OIL WELL  Test must be after				_ 4	<b>.</b>				• • • • • • • • • • • • • • • • • • •	
IL WELL (Test must be after recovery of total volume of load oil and must be rest New Oil Run To Tank Date of Test				na musi	Producing Me			1111	LP L. NO	W. 3.)
	Date of Year					(: .o., p		In		1
Length of Test	Tubing Press	Tubing Pressure				Casing Pressure			CO +1	11
									· · · · · · · · · · · · · · · · · · ·	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			COA	DIV.
									DIST.	· · · · · · · · · · · · · · · · · · ·
GAS WELL								•		
Actual Prod. Test - MCF/D	Leagth of To	egah of Test			Bbis. Condensus/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-m)			Casing Pressure (Shut-in)			Choke Size		
backpressure	1	956			1357					
VL OPERATOR CERTIF	-	COMP	TIANC		1337					
I hereby certify that the rules and r				L-		IL CO	<b>ISERV</b>	<b>ATION</b>	DIVISIO	NC
Division have been complied with	and that the inform	nation give					DE	C 0 4 19	101	
is true and complete to the best of	my knowledge and	i belief.			Date	Approve	rd UE	<b>UU %</b> 13	131	
1	a ( a	1				• •		1		
	pelled	<u>'</u>			By_		(برندة	. Cha		
Peggy Bradfield Reg.Affairs					SUPERVISOR DISTRICT #3					
Printed Name 3-91 326-9700					Title					
<del></del>				······	III III					
Dute		Tele	phone No.		11					

- 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.