NO. OF COPIES RECEIVED	NEW MEXICO OIL	CONSERVATION COM	MISSION	Form C-164			
SANTA FE /	REQUEST FOR ALLOWABLE			Supersedes Old Effective 1-1-65			
FILE /	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
LAND OFFICE							
TRANSPORTER GAS /							
PROPATION OFFICE							
Operator Southland Roy	alty Company						
Address	armington, New Mexico 8	87401					
Reason(s) for trung (Check proper bo	Change in Transporter of:	Other (Plea	se explain)	/1			
New Well Recompletion					Cyclas la		
Change in Ownership	Casinghead Gas Con	ghead Gas Condensate Name			change		
If change of ownership give name and address of previous owner			``		***		
DESCRIPTION OF WELL AND	Well No.; Pool Name, including	; Formation	Kand of Lease	r - 11	CE 010000		
Horton	#1 Blanco M	Mesaverde	State, Federal or Fe	ee Federal	\$F-010989		
Unit Letter / M : 10	43 Feet From The South	Line and 824	Feet From The	West			
	cwnship 32 North Range	11 West , NM	PM,	San Juan	County		
	RTER OF OIL AND NATURAL	GAS					
Name of Authorized Transporter of C	or Condensate 🛴	Address (Othe mones	s to which approved co 8, Farmington,				
Plateau, Inc.	asinghead Gas 🔲 🖰 bry Gas 🎘	Address (Give addres	s to which approved co	opy of this form is to	o be seni)		
Southern Union Gath	Fidelity Uni	on Tower, Dall	las, lexas	19701			
If well produces oil or liquids, give location of tanks.							
If this production is commingled v. COMPLETION DATA	vith that from any other lease or po			g Back Same Res	dv. Diff. Resfy.		
Designate Type of Complet		l New West	i i				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E	E.T.D.			
1.6 V 1.7 (1.7 (1.7 (1.7 (1.7 (1.7 (1.7 (1.7	No. 1 - Producting Permatical	The DD/Gas Ney	- Tas	eng Terth			
		e e	is the second se	e e e e e e e e e e e e e e e e e e e			
					* **		
and the second of the second o							
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be the for this	be after recovery of total v is depth or be for full 24 hi	colume of load oil and mours)	must be equal to or	exceed top allow		
OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (F	low, pump, gas lift, etc	c.)			
sagth of Test	Tubing Pressure	Casing Pressure	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	noke Size			
:	Oli-Bbis.	Water-Bbis.	2	NCF			
Actual Prod. During Test	011-5518.		JAN 35 1979	<u> </u>			
GAS VELL	 :	\c	IL CON. CON.	1			
Actual Proc. Test-MOF/D	Length of Test	Bbls. Condensate	AMOF DIST 3	avity of Condensate	5		
Testing Method (pitot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (S	hwt-in) Ch	hoke Size			
I. CERTIFICATE OF COMPLIA	01	OIL CONSERVATION COMMISSION					
		APPROVED_	JAN 12 19		, 19		
C L L L L L L COMPILE	nd regulations of the Oil Conservat d with and that the information gi the best of my knowledge and bel	~~··	ginal Signed by	y A. R. Kend	rick		

District Production Mgr (Title)

(Eienaiwe)

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 KULE 111.

SUPERVISOR DIST. #3

All sections of this form must be filled out completely for allowable on new and recompleted wells.