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| SANTA FE          |       |   |  |
| FILE              |       |   |  |
| U.S.G.S.          |       |   |  |
| LAND OFFICE       |       |   |  |
| TRANSPORTER       | OIL   |   |  |
| INAMOPUNIER       | GAS   |   |  |
| OPERATOR          |       |   |  |
|                   |       | - |  |

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

|   | U.S.G.S.  |  |        |                  | AUTH                 | HORIZAT      | ION TO TRA                         | AND<br>INSPORT (  | SPORT OIL AND NATURAL GAS |                                 |                      |                      |  |  |
|---|---|--|--------|------------------|----------------------|--------------|------------------------------------|---|---------------------------|---------------------------------|----------------------|----------------------|--|--|
|   | TRANSPORTER   | GAS  |        |                  |                      |              |                                    |   |                           |                                 |                      |                      |  |  |
| OPERATOR  I. PRORATION OFFICE  Operator |   |  |        |                  |                      |              |                                    |   |                           | <del></del>                     |                      |                      |  |  |
| Southland Royalty Company               |   |  |        |                  |                      |              |                                    |   |                           |                                 |                      |                      |  |  |
|   | P. O. Dr  | P. O. Drawer 570, Farmington, New Mexico 87499 |        |                  |                      |              |                                    |   |                           |                                 |                      |                      |  |  |
|   | Reason(s) for filing (Check proper box)  New Well Change in Transporter of:   |  |        |                  |                      |              |                                    |   |                           |                                 |                      |                      |  |  |
|   | Recompletion Cil Dry Gas Condensate XX Effective August 1, 1984   |  |        |                  |                      |              |                                    |   |                           |                                 |                      |                      |  |  |
|   | If change of ownership give name and address of previous owner  |  |        |                  |                      |              |                                    |   |                           |                                 |                      |                      |  |  |
| IJ.                                     | DESCRIPTION OF WELL AND LEASE    Lease Name   |  |        |                  |                      |              |                                    |   |                           |                                 | Lease No.            |                      |  |  |
|   | Culpepper   | n  |        | 3                | · 1                  | co Mesave    |                                    |   | State, Federal            | or Fee FEE                      |                      |                      |  |  |
|   | Unit Letter N 990 Feet From The South   |  |        |                  |                      |              |                                    |   | 1650                      | Feet From T                     | he West              |                      |  |  |
|   | Line of Section 33 Township 32N Range 12W , NMPM, San Juan Count  |  |        |                  |                      |              |                                    |   |                           |                                 |                      | County               |  |  |
| ın.                                     | DESIGNATION C   | OF TRA   | NSP    | ORTE             | R OF OI              |              |                                    | S<br>Address (Gi  | ve address                | to which approv                 | ed copy of this form | is to be sent)       |  |  |
|   | Name of Authorized Transporter of Oil or Condensate XX  Giant Refining Company  |  |        |                  |                      |              |                                    | P. O. I   | 3ox 915                   | 6. Phoeni:                      | c. Arizona           | 85068                |  |  |
|   | Name of Authorized Transporter of Casinghed Southern Union Gatheri  |  |        |                  |                      | ;            |                                    |   | P.O. Box 1899, Bloomfi    |                                 |                      |                      |  |  |
|   | If well produces oil or liquids, que location of tanks.   |  |        |                  |                      |              | p. P.ge.                           | Is gas actua  | illy connect              | ed? Whe                         | n.                   |                      |  |  |
| IV.                                     | If this production in COMPLETION D  |  | ingle  | d with           | that from            |              |                                    | give commin   |                           |                                 |                      |                      |  |  |
| -14                                     | Designate Type of Completion -  |  |        |                  |                      |              |                                    |   | Morkovet                  | Deepen                          | Plug Back   Same     | Res'v. Diff. Res'v.  |  |  |
|   | Date Spudded  |  |        |                  | ate Compi.           | . Ready to F | Prod.                              | Total Depth   | 1                         |                                 | P.B.T.D.             |                      |  |  |
|   | Elevations (DF, RK  | (B, RT, C                                      | GR, et | ic., N           | lame of Pro          | ducing Form  | nation                             | Top Oll/Ga  | s Pay                     | <u></u>                         | Tubing Depth         |                      |  |  |
|   | Perforations  |  |        |                  | TUBING, CASING, AND  |              |                                    | . <b>l</b>  |                           |                                 |                      |                      |  |  |
|   |   |  |        | CEMENTING RECORD |                      |              |                                    |   |                           |                                 |                      |                      |  |  |
|   | HOLE  | HOLE SIZE                                      |        |                  | CASING & TUBING SIZE |              |                                    | OEPTH SET   |                           |                                 | SACKS CEMENT         |                      |  |  |
|   |   |  |        |                  |                      |              |                                    |   |                           |                                 |                      |                      |  |  |
|   |   |  |        | j                |                      |              |                                    |   |                           |                                 |                      |                      |  |  |
| V.                                      | TEST DATA AN OIL WELL   |  |        |                  |                      |              | Test must be a able for this de    | pth or be for   | full 24 hour:             | *)                              |                      | or exceed top allow- |  |  |
| - *                                     | Date First New Cil  | Run To   | Tanks  | •   [            | Date of Test         |              |                                    | Producing Method (Flow, pump, gas lift  |                           |                                 | , gic.,              |                      |  |  |
|   | Length of Test  |  |        | Tubing Pressure  |                      |              | Casing Pressure                    |   |                           | Choke Size                      |                      |                      |  |  |
|   | Actual Prod. During Test Of   |  |        |                  | Oil-Bbis.            |              |                                    | Water-Bble JUL 11 100   |                           |                                 | Gas-MCF              |                      |  |  |
|   | CACWELL   |  |        |                  | <u></u> . <u></u>    | <del> </del> |                                    |   | O.                        |                                 |                      | <del></del>          |  |  |
|   | GAS WELL Actual Prod. Test-   | MCF/D  |        | L                | engtn of T           | est          |                                    | Bbls. Condensate/MMCF   |                           |                                 | Gravity of Conden    | eate                 |  |  |
|   | Testing Method (pil   | tot, back                                      | pr.)   | T                | ubing Pres           | swe (Shut    | -in)                               | Casing Pressure (Shut-in)   |                           |                                 | Choke Size           |                      |  |  |
| Vi.                                     | CERTIFICATE (   | ERTIFICATE OF COMPLIANCE                       |        |                  |                      |              |                                    |   |                           | OIL CONSERVATION COM SSIDN 1984 |                      |                      |  |  |
|   | I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given |  |        |                  |                      |              | mation given                       | APPROVED , 19   |                           |                                 |                      |                      |  |  |
|   | above is true and complete to the best of my knowledge and belief.  |  |        |                  |                      |              | e and belief.                      | SUPERVISOR DISTRICT # 3   |                           |                                 |                      |                      |  |  |
|   | 0   |  |        |                  |                      |              |                                    | This form is to be filed in compliance with RULE 1104.  |                           |                                 |                      |                      |  |  |
|   | Secretary  (Title)  7-10-84   |  |        |                  |                      |              |                                    | If this is a request for allowable for a newly drilled or deepened  |                           |                                 |                      |                      |  |  |
|   |   |  |        |                  |                      |              |                                    | tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-              |                           |                                 |                      |                      |  |  |
|   |   |  |        |                  |                      |              | able on new and recompleted wells. |   |                           |                                 |                      |                      |  |  |
|   |   |  | (Date  |                  |                      |              |                                    | weil name or number, or transporter, or other such change of condition  Separate Forms C-104 must be filled for each pool in multiple |                           |                                 |                      |                      |  |  |
|   |   |  |        |                  |                      |              |                                    | completed wells.  |                           |                                 |                      |                      |  |  |