NEW MEXICO OF CONSERVATION COMMISSION 10to C-104 SARTA EF REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FHIC CMA U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE Oil TRAL PORTER OPERATOR PRORATION OFFICE Operator Southland Royalty Company Addiess P. O. Drawer 570, Farmington, New Mexico Other (Please explain) Reason(s) for tiling (Check proper box) Γ New Well Change in Transporter of: Cil Dry Gas Recompletion Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Well No.; Pool Name, Including Formation Kind of Lease Lease No. Lease Nan State, Federal or Fee Dalsant 1A Blanco Pictured Cliffs Fee Location 1406 I Feet From The South Line and 1010 _ Feet From The ___East Unit Letter 24 Township 32N Range , NMPM. 12W San Juan DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) et Dry Gas X Southern Union Gathering P.O. Box 1899, Bloomfield, New Mexico Sec. Ege. Is gas actually connected? Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Restv. Diff. Restv. Off Well Gas Well New Well Workover Deepen Plua Back Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. 5-29-78 3 - 1 - 7857781 57251 Tubing Depth Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oll/Gas Pay 6510' GR 31481 Depth Casing Shoe Pictured Cliffs 30651 Perforations 3065' - 3123' 5771' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 9-5/8" 218' 12-1/4" 110 sacks 8-3/4" 7" 33561 270 sacks 390 sacks 6-1/4" 4-1/2" 3248! 5771' 1-1/4" 3148' TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Cil-Bbls.

GAS WELL Actual Prod. Test-MCF/D Gravity of Condensate Bble. Condensate/MMCF Length of Test 1,467 3 Hrs Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 3/4" Back Pressure 1031 psig 1033 psig

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.

District Production Manager (Title)

July 6, 1978

OIL CONSERVATION COMMISSION

APPROVED. Kendrick BY Original Sig

THEFT

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 NULE 111.

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

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.