

I. Operator  
Southland Royalty Company  
Address  
P.O. Box 570 Farmington, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Castinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Culpepper Martin  
Well No.  
9A  
Pool Name, including Formation  
Blanco Mesa Verde  
Kind of Lease  
State, Federal or Fee FEE  
Lease No.  
Location  
Unit Letter A ; 1130 Feet From The North Line and 1180 Feet From The East  
Line of Section 30 Township 32N Range 12W, NMPM, San Juan County County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒  
Plateau  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 108, Farmington, New Mexico  
Name of Authorized Transporter of Castinghead Gas ☐ or Dry Gas ☒  
Southern Union Gathering  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 1899, Bloomfield, New Mexico  
If well produces oil or liquids, give location of tanks.  
Unit Sec. Twp. Pge.  
Is gas actually connected? When  
No

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
X X  
Date Spudded  
3-29-78  
Date Compl. Ready to Prod.  
4-14-78  
Total Depth  
4967'  
P.B.T.D.  
4847'  
Elevations (DF, R&B, RT, GR, etc.)  
5858' GR  
Name of Producing Formation  
Mesa Verde  
Top Oil/Gas Pay  
4538'  
Tubing Depth  
4822'  
Perforations  
4538' - 4860'  
Depth Casing Shoe  
4968'  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
12-1/4" 9-5/8" 225' 110 Sxs  
8-3/4" 7" 2470' 235 Sxs  
6-1/4" 4-1/2" 2303' - 4967' 400 Sxs  
2-3/8" 4822'

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)  
Date First New Oil Run To Tanks  
Date of Test  
Producing Method (Flow, pump, gas lift, etc.)  
Length of Test  
Tubing Pressure  
Casing Pressure  
Choke Size  
Actual Prod. During Test  
Oil-Bble.  
Water-Bble.  
Gas-MCF

GAS WELL  
Actual Prod. Test-MCF/D  
6,839 MCF/D  
Length of Test  
3 Hrs  
Bble. Condensate/MMCF  
Gravity of Condensate  
Testing Method (prior, back pr.)  
Back Pressure  
Tubing Pressure (Shut-in)  
780 Psig  
Casing Pressure (Shut-in)  
998 Psig  
Choke Size  
5/4"

VI. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
District Production Manager  
May 9, 1978  
OIL CONSERVATION COMMISSION  
APPROVED  
BY Original Signed  
TITLE  
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 RULE 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.