

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER					
OIL					
GAS					
OPERATOR					
PRORATION OFFICE					
Operator					
Southland Royalty Company					
Address					
P. O. Drawer 570, Farmington, New Mexico					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well <input checked="" type="checkbox"/>		Change in Transporter of:			
Recompletion <input type="checkbox"/>		Oil <input type="checkbox"/>		Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, including Formation	
Hubbard		4-A		Blanco Mesa Verde	
Kind of Lease		State, Federal or Fee		FEE	
Lease No.					
Location					
Unit Letter		P		950 Feet From The South Line and 940 Feet From The East	
Line of Section		15		Township 32N Range 12W, NMPM, San Juan County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Plateau		P. O. Box 108, Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Southern Union Gathering		P. O. Box 1899, Bloomfield, New Mexico			
If well produces oil or liquids, give location of tanks.		Unit		Sec. Twp. Rge.	
				Is gas actually connected? When	
				NO	
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
				X	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
4-12-78		5-8-78		5380'	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
6150' GR		Mesa Verde		4300'	
Perforations				Tubing Depth	
				5271'	
				Depth Casing Shoe	
				5380'	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
12-1/4"		9-5/8"		224'	
8-3/4"		7"		2899'	
6-1/4"		4-1/2"		2773'-5380	
		2-3/8"		5335'	
SACKS CEMENT					
110 SXS					
240 SXS					
325 SXS					
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 - Bbls.		Water - Bbls.	
				Gas - MCF	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
6578		3 hrs			
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
Back-Pressure		862 psig		874 psig	
				Choke Size	
				3/4"	
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED _____, 19____					
BY Original Signed by A. R. Hendrick					
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.					