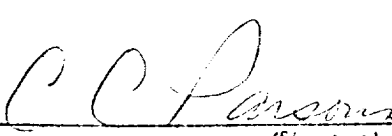


DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRODUCTION OFFICE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
Operator Southland Royalty Company					
Address P. O. Drawer 570, Farmington, New Mexico					
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>				Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name Hubbard		Well No. 2-A	Pool Name, including Formation Blanco Mesa Verde		Kind of Lease State, Federal or Fee SF-078312
Lease No.					
Location Unit Letter 0 ; 910 Feet From The South Line and 1840 Feet From The East Line of Section 11 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"/> 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 Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
			X	X	
Date Spudded 4-19-78		Date Compl. Ready to Prod. 5-6-78		Total Depth 5350'	
Elevations (DF, RKB, RT, GR, etc.) 6218' GR		Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 4425'	
Perforations 4425'-5269'				Tubing Depth 5246'	
				Depth Casing Shoe 5350'	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
12-1/4"		9-5/8"		230'	
8-3/4"		7"		2972'	
6-1/4"		4-1/2"		2822'-5350'	
		2-3/8"		5246'	
SACKS CEMENT 110 SXS 235 SXS 270 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	
Actual Prod. During Test		Oil-Bble.		Water-Bble.	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D 9650		Length of Test 3 hrs		Bble. Condensate/MMCF	
Testing Method (pitot, back pr.) Back pressure		Tubing Pressure (Shut-in) 911 psig		Casing Pressure (Shut-in) 923 psig	
				Choke Size 3/4"	
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION		
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.			APPROVED _____, 19____ BY Original Signed by A. R. Kendrick TITLE _____		
 (Signature) District Engineer (Title) May 24, 1978 (Date)			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.		