NO. OF COPIES REC	1		
DISTRIBUTE			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
I RANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

FILE		\Box			AND			EI	fective 1-1-65	
U.S.G.S.		 	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
LAND OFFICE		\vdash								
TRANSPORTER	GAS									
OPERATOR	***	┝╾┤								
PROPATION OFFIC	E .									
Operator										
Southland										
Address P. O. Drav	ver 570	. Fa	arminaton. Ne	w Mexico	87499					
				W HEXTED	07433					
Reason(s) for filing (C	ieck proper	box)	o			Other (Please	explain)			
New We!l Recompletion	╡		Change in Trans	·—						
Change in Ownership	7		Cil Casinghead Gas	Dry Go		-Effectiv	e August	1. 1984	4	
							- nagasa	1, 150		
If change of ownershi and address of previo		ne								
and address of previo	18 Owner_						· · · · · · · · · · · · · · · · · · ·			
I. DESCRIPTION OF	WELL A	ND L			_					
Lease Name				Name, Including F	Formation Kind of Lease Lease N					Lease No.
Culpepper Ma	<u>rtin</u>		<u>8A</u> B	<u>lanco Mesa</u>	verde		State, Federa	or Fee	FEE	
T	1	1450		Cauth		0.00		_		
Unit Letter	; _	1450	Feet From The	South Lir	ne and	820	_ Feet From 7	h• <u>Ea</u>	st	
Line of Section	19	Towa	nship 32N	Range	1	2W , NMPM,	c	an luan		C
Enter of Section	1.7	1041	ising JEH	range		ZW , NMPM		an Juan		County
I. DESIGNATION OF	TRANSP	ORT	ER OF OIL AND	NATURAL GA	\S					
Name of Authorized Tr	insporter of	f O11 (or Condens			Give address t	o which approv	ed copy of ti	his form is to b	be sent)
Giant Refi			iny		P.O. 1	Box 9156,	, Phoeni,x	, Arizor	na 85068	}
Name of Authorized Tro				Dry Gas XX	Address (Give address t	o which approv	ed copy of ti	his form is to b	be sent)
Southern U	nion Ga								w Mexico	87413
If well produces oil or	liquids,	i	Unit Sec.	Twp. P.ge.	Is gas act	ually connecte	d? Whe	n		
give location of tanks.			 	· · · · · · · · · · · · · · · · · · ·	1.					
If this production is c	-	i with	that from any othe	r lease or pool,	give comm	ingling order	number:			
COMPLETION DAT			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res'v.
Designate Type	of Compl	etion	$\mathbf{a} = (\mathbf{X})$	1	!	† 1	1	1	1	1
Date Spudded			Date Compl. Ready t	o Prod.	Total Dep	th		P.B.T.D.	- 	<u></u>
Elevations (DF, RKB,	RT, GR, etc	c.,	Name of Producing F	ormation	Top Oil/G	as Pay		Tubing De	pth	
			* .	·.	<u>i</u>					
Perforations								Depth Casi	.ng Shoe	
			TUBIN	G, CASING, AND	CEVENT	INC RECOR		<u> </u>		
HOLE SI			CASING & TU		CEMENT	DEPTH SE		•	ACKS CEME	NT
1102231			0.00	D1.10 0.22		02. 11.00				
		i.			l					
. ȚEST DATA AND I	REQUEST	r Fo	R ALLOWABLE	(Test must be a				and must be e	equal to or exc	eed top allow-
, OIL WELL			Date of 2000	able for this de			, pump, gas lif			
Date First New Cil Rur	. to tanks		Date of Test		Producing	Wetung (Line	, pump, ggg to	A CON		
Length of Test			Tubing Pressure		Casing Pr	estilité :		Choke Size		
Zangin or 1 asi					m		7.8	Service of the servic		
Actual Prod. During Te	st		Oil-Bhis.		Water-		1084	Gas-MCF		
						1111ء ه	J 120.	Ę		
1							white but	ų i		
GAS WELL						أث النح				
Actual Prod. Test-MC	F/D		Length of Test		Bbls. Con	de de MMCE	NSI.	Gravity of	Condensate	
Testing Method (pitot,	back pr.)	1	Tubing Pressure (Sh	nt-in }	Casing Pr	essure (Shut-	·15 j	Choke Size	,	
<u> </u>					1			<u> </u>		
CERTIFICATE OF	COMPLIA	ANC	E			OIL C	ONSERVA	TION CO	MMISSION	1 400 4
		_			APPRO	WED -	/1		JUL	1 1984
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			7777							
above is true and co	mplete to	the	best of my knowle	dge and belief.	BY.	140/2/	1	f	ONE	
							7	Ď	SUPERVISOR	DISTRICT #
		Λ	1		TITLE					
Ether Gregari			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							
									Secretary 7-10-84	
	7-	10-	-84						VI for change	s of owner.
					11 2.77	3		,		

(Date)

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.

