NO. OF COPIES REC	ک ۱		
DISTRIBUTIO			
SANTA FE	$\prod$		
FILE	17	-	
U.S.G.S.	1		
LAND OFFICE			
TRANSPORTER	OIL	17	
TRANSPORTER	GAS	17	
OPERATOR	1/		
PRORATION OF	1		

11.

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V.

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

FILE	·	-/-			REQUEST	FOR ALL	DWABLE		Supersede Effective	s Old C+104 and C+1 1-1-65	
U.S.G.S.			-	AUTHORIZAT	ארו דר דם	AND ANSPORT (	OLE AND N	LATUIDAL.			
LAND OFFICE	-			AUTHORIZAT	ION TO TRA	ANSFURI	JIL AND I	NATURAL	GAS		
	OIL	7	$\Box$								
IRANSPORTER	GAS										
OPERATOR									API 30-045-	23335	
PRORATION OFFI	CE							<del></del>			
Operator			_								
Southland Ro	yaıt	: <u>y</u> (	:omp	pany					<del></del>	<del></del>	
	570	) 1	Forn	mington, New Me	xico 874	107					
Reason(s) for filing (C					X100 0/-		ther (Please	explain)			
New Well				Change in Transpor	rter of:						
Recompletion				011.	Dry G	as					
Change in Ownership				Casinghead Gas	Conde	nsate					
t share of amparabi											
If change of ownershi and address of previo											
DESCRIPTION OF	WELI	L AN	ND L	Well No.: Pool Nar	ne, Including F	ormation		Kind of Leas	e	Lease No.	
Hubbard				5 Blan	co Pictui	red Clift	Fa	State, Federa	eral or Fee FEE		
Location							<u>:~</u> 1			J	
Unit Letter $\ L$			14	450 Feet From The	south L	ne and 11	110	Feet From	The West		
Omi Letter		·						<del></del>			
Line of Section	22		Town	mship 32N	Range	12W	, NMPM,	Sa	n Juan	County	
					AMELINAT C						
DESIGNATION OF Name of Authorized Tr				rer of OIL AND Note or Condensate		Address (G)	ive address t	o which appro	ved copy of this form	is to be sent)	
Traine of Trainers											
Name of Authorized Tr	ansport	ter of	Casi	inghead Gas or Dr	y Gas 🏋	Address (G)	ive address t	o which appro	ved copy of this form	is to be sent)	
Southern Uni	on G	att	eri	ina		P.O. Bo	x 1899,	Bloomfi	eld, NM 874.	13	
If well produces oil or			<del></del>	Unit   Sec.   Tw	p. Rg <b>e.</b>	Is gas actua	ally connecte	d? Wh	en.		
give location of tanks.			1	1 1	! 	No			···		
If this production is c	ommin	ıgled	l with	h that from any other l	ease or pool,	give commin	igling order	number:			
COMPLETION DAT	r <u>a</u>			Oil Well	Gas Well	TNew Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v	
Designate Type	of Co	mpl	etior	n - (X)	, X	X	; }	1		1	
Date Spudded			$\neg \neg$	Date Compl. Ready to P		Total Depth	<del>1</del>	<u> </u>	P.B.T.D.		
2-10-79				8-7-79		2750	) <b>"</b>		27.	18 <b>'</b>	
Elevations ( $DF$ , $RKB$ ,	RT, GR	₹, etc	2. j	Name of Producing Form	nation	Top Oil/Ga	s Pay		Tubing Depth		
6135' GR				Pictured Clif	fs	2578	} *		Depth Casing Shoe		
Perforations									1	3 <i>8 '</i>	
2578' <b>-</b> 2590				TURING	CASING, AN	CEMENTI	NC PECOP	<u> </u>			
HOLE SI	7.5			CASING & TUBI		CEMENTI	DEPTH SE		SACKS	CEMENT	
12-1/4			-		8-5/8"		142'		110	0 sacks	
6-3/4"			2-7/8"	2738'			280	0 sacks			
<u> </u>											
						1			<u> </u>		
TEST DATA AND	REQU	EST	î FO	R ALLOWABLE (	Test must be a	fter recovery	of total volum	ne of load oil	and must be equal to	or exceed top allou	
ALL WELL able for this de Date of Test							, pump, gas li	ft, etc.)			
Date First New Oil Ha		.1112.3		24.0 0. 755.			•				
Length of Test				Tubing Pressure		Casing Pres	seure		Choke Size		
Actual Prod. During Te	Prod. During Test Oil-Bbls.			Water - Bbls.		Gas-MCF					
									1		
									ţ		
GAS WELL	<u></u>		<del></del>	Length of Test		Bbls. Conde	enagte/MMCF	<del></del>	Gravity of Condens	eate.	
Actual Prod. Test-MC	r/U			48 hrs							
460 MCFd Testing Method (pitot,	back n	r.)	+	Tubing Pressure (Shut-	Casing Pressure (Shut-in)			Choke Size			
Pitot		•			680#			20 40 g			
CERTIFICATE OF	СОМ	PI I	ANC	CE			OIL C	ONSERVA	TION COMMISS	SION	
CLAVIII ICAIL OF	C 01111	- 41	,-0	· <del></del>				AIL	60 W.J		
hereby certify that	the rul	es a	nd re	egulations of the Oil C	Conservation	APPROV	/ED		A D. Winner	, 19	
Commission have be	en con	nolle	ed wi	ith and that the infor	mation given	BY_Or	iginal S	igned by	A. H. Keacri		

TITLE .

## VI.

District Production Manager

(Title)

August 20, 1979

(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.