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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

30-045-24150

I. Operator
Southland Royalty Company
Address
P.O. Drawer 570, Farmington, NM 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name State Line Well No. #2 Pool Name, Including Formation Basin Dakota Kind of Lease XXXX Federal XXXX Lease No. NM-23247
Location
Unit Letter G : 1560' Feet From The North Line and 1680' Feet From The East
Line of Section 14 Township 32N Range 13W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Basin, Inc. Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? No When

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'tv. Diff. Res'tv.
Date Spudded 3-28-80 Date Compl. Ready to Prod. 4-30-80 Total Depth 4880' P.B.T.D. 4834'
Elevations (DF, RKB, RT, GR, etc.) 6186'GR Name of Producing Formation Basin Dakota Top Oil/Gas Pay 4667' Tubing Depth 4781'
Perforations Dakota - 4667' - 4775' Depth Casing Shoe 4880'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" 9 5/8", 32# 323' 160 sacks
8 3/4" 7", 23# 2899' 260 sacks
6 1/4" 4 1/2", 10.5# 2760'-4880' 265 sacks
2 3/8", 4.7# 4781'

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 386 Length of Test 3 Hours Bble. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure Tubing Pressure (Shut-in) 902 Casing Pressure (Shut-in) 914 Choke Size 3/4"

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
(Signature)
District Production Manager
(Title)
5-2-80
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUN 4 1980, 19
BY Original Signed by FRANK J. CHAVEZ
TITLE SUPERVISOR DISTRICT #3
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.