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Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

Operator Southland Royalty Company	
Address P.O. Drawer 570, Farmington, New Mexico 87499	
Reason(s) for filing (Check proper box) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> New Well  <input type="checkbox"/> Recompletion  <input type="checkbox"/> Change in Ownership         </div> <div style="width: 45%;">           Change in Transporter of:  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;"> <input type="checkbox"/> Oil  <input type="checkbox"/> Casinghead Gas         </div> <div style="text-align: center;"> <input type="checkbox"/> Dry Gas  <input type="checkbox"/> Condensate         </div> </div> </div> </div>	Other (Please explain) <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hubbard</b>	Well No. <b>9</b>	Pool Name, Including Formation <b>Blanco Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>SF-078312</b>
Location				
Unit Letter <b>J</b> : <b>1210</b> Feet From The <b>South</b> Line and <b>1610</b> Feet From The <b>East</b>				
Line of Section <b>11</b> Township <b>32N</b> Range <b>12W</b> , NMPM, <b>San Juan</b> County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
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 87413	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

NOTE: Complete Parts IV and V on reverse side if necessary.

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ester J. Gregeon  
(Signature)

(True)

(Date)

10/4/84  
APPROVED DEC 64 1984, 19  
BY Original Signed by FRANK J. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

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.

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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 9/17/84	Date Compl. Ready to Prod. 11/07/84	Total Depth 2920'		P.B.T.D. 2895'					
Elevations (DF, RKB, RT, CR, etc.) 6219' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2640'		Tubing Depth -----					
Perforations 2640'-2754'				Depth Casing Shoe 2905'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8", 24#, K-55		217'		155 sxs (183 cu.ft.)				
6-3/4"	2-1/2", 6.4#, J-55		2905'		470 sxs (599 cu.ft.)				

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 2372	Length of Test 3 hours	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (prod. back pr.) Back Pressure	Tubing Pressure (Shut-In) -----	Casing Pressure (Shut-In) 925	Choke Size 3/4"