

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Southland Royalty Company	Well API No.
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hubbard Com	Well No. 102	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>G</u> : <u>1710</u> Feet From The <u>North</u> Line and <u>1500</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>32N</u> Range <u>12W</u> ,NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
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) PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
<u>G</u> <u>15</u> <u>32N</u> <u>12W</u>	
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 v	Diff Res v
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 05-12-89	Date Compl. Ready to Prod. 06-06-89		Total Depth 2480'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6133' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2353'		Tubing Depth 2454'			
Perforations 2353-70', 2373-75', 2379-82', 2386-92', 2448-51', 2455-65' w/2 spf					Depth Casing Shoe 2479'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		240'		182 cu.ft.			
8 3/4"	7"		2344'		812 cu.ft.			
6 1/4"	4 1/2"		2479'		92 cu.ft.			
	2 3/8"		2454'					

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Gas - MCF	
GAS WELL		OIL CON. DIV.	
Actual Prod. Test - MCF/D	Length of Test	Gravity of Condensate	
Testing Method (pilot, back pr.) backpressure	Tubing Pressure (Shut-in) SI 665	Casing Pressure (Shut-in) SI 948	

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Peggy Bradfield
Signature
Peggy Bradfield, Regulatory Affairs
Printed Name
6-27-89
Date
326-9727
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 4-19-90
By Original Signed by FRANK T. CHAVEZ
Title SUPERVISOR DISTRICT 2

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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