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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERA"OR		
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	SANTA FE		FOR ALLOWABLE	11551ON	Form C-104 Supersedes Ola	l C-104 and C-11							
	FILE	_	Effective 1-1-6	Effective 1-1-65									
	U.S.G.S.	AUTHORIZATION TO TR	SAS										
	OIL	┪											
	TRANSPORTER GAS	7											
	OPERATOR]											
I.	PRORATION OFFICE												
	Southland Royalty	Company											
													
	Reason(s) for filing (Check proper box	Farmington, New Mexico											
	New We!1	Change in Transporter of:	Other (Please	explain)									
	Recompletion	Cil Dry G	as										
	Change in Ownership	Casinghead Gas Conde	maute XX — Effectiv	e August	1, 1984								
	If change of ownership give name and address of previous owner												
11.	DESCRIPTION OF WELL AND	LFASE	***************************************										
	Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.							
	Culpepper Martin	9 Blanco Mes	averde	State, Federal	or Fee FEE								
	Location Unit Letter F 18	350 Feet From The North Li	, 1950	_ Feet From T	he West								
	20	wnship 32N Range	12W , NMPM,	_	Juan								
***				341	ouan	County							
III.	Name of Authorized Transporter of Ot	TER OF OIL AND NATURAL GA		o which approv	ed copy of this form is to	be sent)							
	Giant Refining Com	oany	P.O. Box 9156,	Phoenix	Arizona 8506	8							
	Name of Authorized Transporter of Ca		Address (Give address to	o which approv	ed copy of this form is to	be sent)							
	Southern Union Gath	ering Unit Sec. Twp. Rge.	P. O. Box 1899	Bloomfi	eld. New Mexic	0 87413							
	If well produces oil or liquids, give location of tanks.		is gas delically connecte		··								
	If this production is commingled wi	th that from any other lease or pool,	give commingling order	number:									
	Designate Type of Completic	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.								
	El-												
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth								
	Perforations				Depth Casing Shoe								
		CEMENTING RECORE)										
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	Τ	SACKS CEME	ENT							
}													
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ľ		1											
v	TEST DATA AND REQUEST F		fter recovery of total volum		nd must be equal to or ex	ceed top allow-							
~ *	OIL WELL Date First New Cil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow,		eta l								
	Sale i Het Hew Sti Hall 19 Talles	55.0 57 155.	Froddering Mistrica (1 102)	hamp, gas soje	· 3								
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size								
					ij								
Ì	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	1084	Gas - MCF								
1_			JUL 1 3	,	· · · · · · · · · · · · · · · · · · ·								
	GAS WELL		• , "	J. DIV	• 4								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	3	Gravity of Condensate								
	Testing Method (pitot, back pr.)	Tubia Daniel (1)	"										
i	resting Matrice (pitot, buck pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-		Choke Size								
ت ۷٤. د	CERTIFICATE OF COMPLIANCE	CE CE	OIL C	ONSERVAT	TION COMMISSION								
					1111 1 1.	400 A							
	hereby certify that the rules and r Commission have been complied w		APPROVED JUL 11984										
above is true and complete to the best of my knowledge and belief. Cultur Buryan (Signature)			SUPERVISOR DISTRICT # 3										
			TITLE This form is to be filed in compliance with RULE 1104. If this is a request for silowable 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.										
							_	Secretary (Ti.		All sections of this form must be filled out completely for allow-			
								7-1	0-84	able on new and reco	•	la. III. and VI for chang	aa al ama
							-	(Da				n or other such change	
			Description of the state of the										