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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

Operator	
Address <u>SOUTHLAND ROYALTY COMPANY</u> <u>P. O. Drawer 570, Farmington, New Mexico 87401</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
NAME CHANGE	

If change give name Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401
and address of previous owner

DESCRIPTION OF WELL AND LEASE	
Lease Name <u>Arizona Jicarilla "B"</u>	Well No. <u>#1</u> Pool Name, Including Formation <u>South Blanco Pictured Cliff</u>
Kind of Lease <u>Jicarilla</u>	Lease No. <u>Contract #151</u>
Location	
Unit Letter <u>M</u>	<u>1000</u> Feet From The <u>South</u> Line and <u>920</u> Feet From The <u>West</u>
Line of Section <u>4</u>	Township <u>26 North</u> Range <u>5 West</u> , NMPM, <u>Rio Arriba</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
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)
<u>-- Gas Company of New Mexico</u>	<u>First International Bldg., Dallas 75270</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>When</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion -- (X)	<input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.
Total Depth	F.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)	Choke Size

I. 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.

Kan Ryan
(Signature)
District Production Manager
(Title)
1-1-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 12 1978, 19

BY Original Signed by A. B. Kendrick

TITLE

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.