HO. OF CUPIES RECE	IVED	ļ	
DISTRIBUTION			1
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<u>i</u>	
OPERATOR		4	
		1	1

DISTRIBUTION 7		ERVATION COMMISSION RALLOWABLE Supersedes Old C-104 and Effective 1-1-65		
ILE /		PORT OIL AND NATURAL GA	5	
S.G.S.	Administration			
PANSPORTER OIL				
PROPATION OFFICE				
perator				
Southland Royalt	y Company			
ddress P. O. Drawer 570, Farm	ington, New Mexico 87401			
eason(s) for filing (Check proper box)		Other (Please explain)		
ew Wei.	Change in Transporter of:	Name change		
ecompletion	Oil Dry Gas Casinghead Gas Condensat		Zhange	
hange in Ownership		770 Forming	rton New Marico STAOL	
change give name Az d address of previous owner	tec Oil & Gas Company, P.	O. Drawer 570, Fathing	georg	
ESCRIPTION OF WELL AND L	EASE Well No. Pool Name, including Form	nation Kind of Lease	Least No.	
ease Name	#2 Kutz Gallup	State, Federal or Fee Federal \$F-080382		
Santa Fe "G"			Wost	
Unit Letter / M : 790	Feet From The South Line	and 790 Feet From Ti	ne NOSL	
Out Terrai		West NMPM, San J	uan County	
Line of Section 5 Tow	mship 27 North Range 11			
DOLON ATTOM OF TRANSPORT	CER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)	
Name of Authorized Transporter of Or.		- a n - 1702 Farming	ton New Mexico 8/4/11	
Do To	14.)	P. O. BOX 1702, Fallinting Address (Give address to which approved	ed capy of this form is to be sent)	
Came of Authorized Transporter of Cas	ingesa osa			
\$ d a.	Unit Sec. Twp. Fige.	Is gas actually connected? Whe	••	
i well produces oil or liquids, live location of tanks.				
this production is commingled wi	th that from any other lease or pool, g	ive commingling order number:	Factor Darky Diff Reals	
COMPLETION DATA	Oli Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty	
Designate Type of Completic	on – (X)	The state of the s	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producting 1		Depth Casing Shoe	
Perforctions			Dept.: Casing silve	
P81101.4.10.10	TIENS AND	CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TODING DIZE			
		fter recovery of total volume of load of	and must be equal to or exceed top allo	
TEST DATA AND REQUEST 1	FOR ALLOWABLE (1 est must be a able for this de	nen ne ne tor tull 24 hours		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i		
		Casing Pressure	Cheke Size	
Length of Teat	Tubing Pressure	* .	- NGE	
	Cil-Bbls.	Water-Bbls.	Gas + MCF	
Actual Prod. During Test				
GAS WELL	Length of Test	Bbls. Condensate MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D		A Chut (a)	Choke Šize	
Tesung Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)		
		I OIL CONSERV	ATION COMMISSION	
. CERTIFICATE OF COMPLIA	INCE			
	nd regulations of the Oil Conservation	APPROVED Signation	har in the condition 19	
I hereby certify that the rules are Commission have been complied	nd regulations of the Off Sonath with and that the information giver the best of my knowledge and belief.	BYOriginal Signal	and the second s	
above is true and complete to	d with and that the information gives the best of my knowledge and belief.	TITLE	- 1	
			n compliance with BULE 1104.	
	M. Harris	to this is a request for al	lowable for a newly drilled of the devia	
	The state of the s	well this form must on accoun	and ance with BULE 111.	
District P	roduction Mgr.		with Da Ittlag oct combined	
1-1-78	(Title)	All sections of this folds	THE and MI for changes of own	
1-1-/8		Fill out only Sactions 1	. II. III. and rich change of condit	

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. H. 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.