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DISTRIBUTION		7
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OIL	1	
GAS	i	
OPERATOR		
PRORATION OFFICE		
	OIL	ON / / / / GAS / 3

DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
SANTA FE /	REQUEST	FOR ALLOWABLE AND	Effective 1-1-65	
FILE	AUTHORIZATION TO TRA	.NSPORT OIL AND NATURAL GA	ς.	
U.S.G.S.	AUTHURIZATION TO TRA	INSPORT OIL AND NATURAL GA	3	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR 3				
PRORATION OFFICE				
Operator				
SOUTHERE ROY	ALTY COM PANY			
Address	inter New Marian 9740	11		
P. O. Drawer 570, Fa	ermington, New Mexico 8740	Other (Please explain)		
Reason(s) for filing (Check proper t	Change in Transporter of:			
New Well Recompletion	Oi! Dry Ga	NAME C	HANCE	
Change in Ownership	Casinghead Gas Conder	1 1 1	24.01	
If change give name	Aztec Oil & Gas Company,	P. O. Drawer 570, Farming	gton, New Mexico 87401	
and address of previous owner				
I. DESCRIPTION OF WELL AN	D LEASE			
Lease Name	Well No. Poor Idame, mercang .		Fee Federal NM-017724	
Reid	#11 Aztec Pic	tured Cliff State, Federal o	Fee Federal NM-01772A	
Location		1000	East	
Unit Letter 0; 1	05 Feet From The South Lin	ne and 1900 Feet From Th	Lase	
8	Township 28 North Range	9 West , NMPM,	San Juan County	
Line of Section	Township Range	, Mai: to,		
TOTAL TON OF TRANSPO	ORTER OF OIL AND NATURAL GA	ıs		
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which approve	d copy of this form is to be sent)	
$\int \int \partial a da$				
Name of Authorized Transporter of	Casinghead Gas or Dry Gas _X	Address (Give address to which approve	1	
Southern Union Gath	ering	Fidelity Union Tower, D	allas, Texas 75201	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.	1 1 1			
If this production is commingled	with that from any other lease or pool,	give commingling order number:		
V. COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Comple		1 1		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	Buta compilational, to the			
Elevations (DF, RKB, RT, GR, etc	Name of Producing Formation	Tep Oil/Gas Pay	Tubing Depth	
Zievatiens į St., Aris, it., Sk, ate	"			
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECORD	CACUE CENENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		after recovery of total volume of load oil a	-d -wet he equal to or exceed top clicum	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of toda off co	id mast be equal to a factor top article	
OIL WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas lift	, etc.)	
Date 1 list 10 ou 101 10 1 mm			A CONTRACTOR OF THE PROPERTY O	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Lungin of the				
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gds-MCF	
			ARCE MALE	
`		† O!!	Local Ovi j	
GAS WELL		Bbls. Condensate/MMCF	Grants b! Gendenadie	
Actual Prod. Test-MCF/D	Length of Test	Bota. Condanació Marc.		
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shite-in)			
		OIL CONSERVA	TION COMMISSION	
VI. CERTIFICATE OF COMPL	T. CERTIFICATE OF COMPLIANCE		9 78	
		OIL CONSERVATION COMMISSION APPROVED JAN 1 9 1978		
	and regulations of the Oil Conservation led with and that the information giver	Original Signed by A. R. Lemanick		
above is true and complete to the best of my knowledge and belief.		BY		
		TITLE STEE		
		11	ompliance with RULE 1104.	
Com Sola known		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despendently.		
	(Signature)		HAN DY E TERMINETION OF THE CALLERY	
	200 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
District (Title)		able on new and recompleted we	118.	
	1-1-/3		itt and Ut for changes of owner	
	(Date)	well name or number, or transport	at of other such change of congress.	
		Separate Forms C-104 must completed wells.	be filed for each pool in multiply	
		U COmbrered Merrat		