NO. OF COPIES REC	1		
DISTRIBUTION			1
SANTA FE		1	
FILE		1	4
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		3	
PRORATION OFFICE			

	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-173 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAI	- AND NSPORT OIL AND NATURAL G.			
	LAND OFFICE	AUTHORIZATION TO TRA	indicate this through of			
	TRANSPORTER GAS /					
	OPERATOR 3					
	PRORATION OFFICE Operator					
	Southland Royal	ty Company				
	P. O. Drawer 570, Farm	P. O. Drawer 570, Farmington, New Mexico 87401				
	Reason(s) for filing (Check proper box) New Well	n(s) for filing (Check proper box) Other (Please explain)				
	Recompletion	Oi! Dry Gas Name change				
	Change in Ownership	Casinghead Gas Condens	sate			
	If change give name A and address of previous owner.	ztec Oil & Gas Company,	P. O. Drawer 570, Farmir	ngton, New Mexico 87401		
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease						
Hanks #23 Fulcher Kutz Pictured Cliffs State, Federal or Fee Federal				or Fee Federal SR-071874		
Unit Letter D : 800 Feet From The North Line and 1120 Feet From The West						
	Line of Section 7 Tow	mishtp 27 North Range	9 West . NMPM,	San Juan County		
1.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which approve	ed copy of this form is to be sent)		
	Plateau					
	Name of Authorized Transporter of Cas Southern Union Gatheri		Address (Give address to which approve Fidelity Union Tower,			
	If well produces oil or liquids,	Unit   Sec.   Twp.   Rge.	Is gas actually connected? When			
	give location of tanks.		in completely order number			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g		Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completio		New Well Workover Deepen	Frug Back Suite Nes V.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Designations			Depth Casing Shoe		
Perforations						
	HOLE SIZE	TUBING, CASING, AND	CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	11022 0122					
V.	TEST DATA AND REQUEST FO	ST DATA AND REQUEST FOR ALLOWABLE (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)  L WELL   Producing Method (Flow, pump, gas Mf. etc.)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gos			
	Length of Test	Tubing Pressure	Casing Pressure	Chake Size		
	Actual Prod. During Test	Oil-Bals.	Water - Bbls.	Gae-MOF		
	GAS WELL		1 200	<del></del>		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
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.  (Signature)  District Production Mgr.  (Title)  1-1-78		regulations of the Oil Conservation				
		BY_Original Signed by A. R. Kendrick 19				
		TITLE SECRETARIA A DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTI				
			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 to the section of the section o				
					tle)	able on new and recompleted wells.  Fill out only Section, I III 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				

Separate Forms C-104 must be filed for each pool in multiply completed wells.