NO. OF COPIES RECI	EIVED	<u> </u>	
DISTRIBUTION			7
SANTA FE		1	
FILE		1	V
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	1	
TRANSPORTER	GAS	1	
OPERATOR		3	
PRORATION OF			
Operator			
S	outh	lan	d R
Adaress			
P. O. Drawe	r 570), F	arm

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL O			
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL C	543		
	IRANSPORTER OIL /					
	GAS /		•			
_	OPERATOR 3	_				
l.	PRORATION OFFICE Cperator					
	Southland Royalty Company					
	Address P. O. Drawer 570 Farmington, New Mexico 87401					
	P. O. Drawer 570, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Change in Transporter of:					
	Recompletion Oil Dry Gas Name change					
	Change in Ownership	Casinghead Gas Conder	nsate			
	If change give name	Aztec Oil & Gas Company,	P. O. Drawer 570, Farmi	ngton, New Mexico 87401		
	and address of previous owner					
H.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.		
	Newman "A" 7 Fulcher Kutz Pictured Cliff State, Federal or Fee Federal SF-065545					
	Location					
	Unit Letter B: 990 Feet From The North Line and 1650 Feet From The East					
	Line of Section 19 Township 28 North Range 10 West , NMPM, San Juan County					
	Emile of Decircus					
ĦI.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Asdress (Give address to which approx	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of C	asinghedd Gas or Dry Gas X	Address (Give address to which approx	ved copy of this form is to be sent)		
<u>{</u>	Southern Union Gathering Fidelity Union Tower, Dallas, Texas 75201					
2.4.4	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When					
:	If this production is commingled with that from any other lease or pool, give commingling order number:					
	COMPLETION DATA					
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	'Plug Back 'Same Res'v.'Diff. Res'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		
	Perforations			Depth Casing Shoe		
			D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	027111021	Shorts Come (1)		
	The same and same provinces	TOD ATTOWARTE (Test must be a	the recovery of total volume of land oil	and must be equal to an exceed ton allow		
V .	TEST 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) OIL WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	i, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			<u> </u>			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas-MCF		
			101, 201, 12 3	<u> </u>		
	GAS WELL		0157. 3			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate MCF	Gravity of Condensate		
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shite-In)				
VI	CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION		
٠	OBIGINIONED OF COMPENSACE		JAN 1 2	19/8		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given		APPROVEDOriginal Signed Od .	a. R. Kendrick		
	above is true and complete to the best of my knowledge and belief.		BY OITGING			
(/ /)	TITLE SUPERVISO			
			This form is to be filed in compliance with RULE 1104.			
	- Hon Kegan		If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation			
	District Production Mgr.		tests taken on the well in accordance with RULE 111.			
	(Tisles)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	1-1-78		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.			
	(Date)		ter, or other such change of condition. It be filed for each pool in multiply		
			completed wells.			