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SANTA FE		1	
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u.s.g.s.		<u> </u>	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		a	
PRORATION OFFICE		l	L

NO. OF COPIES RECEIVED DISTRIBUTION		ONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-11		
SANTA FE		REQUEST FUR ALLUMABLE Effective 1-1-65		
FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.	AUTHORIZATION TO TRANS			
TRANSPORTER OIL / GAS /				
PRORATION OFFICE				
Operator SOUTHLAND ROYAL	TTV COVERNIV			
	LII Go.Fetti			
Address D O Drawer 570, Far	mington, New Mexico 8740)]		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)		
New Well	Oil Dry Gas	MANUE CHANGE		
Recompletion Change in Ownership.	Casinghead Gas Condensa	ite 📗		
	Aztec Oil & Gas Company,	P. O. Drawer 570, Farmi	ngton, New Mexico 8740.	
DESCRIPTION OF WELL AND L	EASE	nation Kind of Lease	Lease No.	
Lease Name	Well No. Pool Name, Including Form #19 Blanco Mesa	.,4.10	Fee Federal M-01772A	
Reid	#19 Diames 110		·	
Location B 10	30 Feet From The North Line	and 1470 Feet From The	East	
On Editor			San Juan County	
Line of Section 18 Tow	nship 28 North Range	9 West , NMPM,		
PEGICATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)	
Name of Authorized Transporter of Oil	0. 002020	P O Box 108, Farmingto	on, New Mexico 87401	
Plateau, Inc.	or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Cas Southern Union Gather	ring	Fidelity Union Tower, Dallas, Texas 75201		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
-in-location of tanks.	· · · · · · · · · · · · · · · · · · ·	ive commingling order number:		
If this production is commingled with COMPLETION DATA	h that from any other lease or pool, g	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completic	Oil Well Gas hell	Mem Mett		
Date Spudded	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.	
Date Spaces		Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	тер оду осо т су		
Perforations			Depth Casing Shoe	
Periorations		CEMENTING RECORD		
	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE			
DEQUEST F	OR ALLOWABLE (Test must be af	fter recovery of total volume of load oil a	and must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST FOIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif		
Date First New Oil Run To Tanks	Date of Test			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Water-Bbls.	Gas-MCF	
Actual Prod. During Test	Oll-Bbls.			
		, old		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test		21 1 5100	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		OIL CONSERVA	ATION COMMISSION	
71. CERTIFICATE OF COMPLIA	NCE	UAR 1 Q	· ・ ・	
APPROVED				
Commission have been complied	with and that the information given the best of my knowledge and belief.	1 ho 0		
above is time and complete to t	TITLE STATE			
		mi tom in to be filled in	compliance with RULE 1104.	
C = C	If this is a request for allowable for a newly drilled or			
	gnature)			
District Ex	The Note of the Control of the Contr	All sections of this form m	ust be filled out completely for allow	

(Title)

1-1-78 (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.