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DISTRIBUTION			7	
SANTA FE		1		
FILE		11		
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	DIL	1		
	GAS	1/		
OPERATOR		13		
PROPATION OFFICE				
Crestas				

DISTRIBUTION		OR ALLOWABLE	Supersedes Old C-104 and C-110	
SANTA FE		AND	Effective 1-1-55	
FILE		ISPORT OIL AND NATURAL GAS		
U.S.G.S.	AUTHORIZATION TO TRAN	ON ONE OF AND INTOKAL OA		
LAND OFFICE				
GAS /				
OPERATOR 3				
PROPATION OFFICE				
Southland Royal	ty foodaby			
Apar-35				
P. O. Drawer 570, Farm	ington, New Mexico 8740	1 Original (Piegos emploint)		
Reasonist for Hing (Check proper box)	Change in Transporter of:	Other (Please explain)		
New Well	Oil Dry Gas	Name chamas		
Change in Ownership	Casinghead Gas Condens	cate		
		n o Danie 570 Forming	tton New Maximo 87401	
If change give name and address of previous owner	ztec Oil & Gas Company,	P. O. Drawer 5/0, Falming	geon, Newsx.co	
		_		
I. DESCRIPTION OF WELL AND	Well No. Pool Name, Including For		Letse No.	
McClanahan	#5-Y Aztec Picture	d Cliff State, Federal c	Fee Federal SF-079534	
	27 7.	1150	West	
Unit Letter ; 14	90 Feet From The North Line	e and Feet From The		
Line of Section 13 To	emship 28 North Range 1	O West , NMPM, Sar	n Juan County	
Clae of Central				
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Address (Give address to which approved	d copy of this form is to be sent)	
Name of Authorized Transporter of Oli	0, 00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Platense	singhead Gas c: Cry Gas X	Address (Give address to which approved		
Southern Union Gather		Fidelity Union Tower, D		
in well produces oil or liquids,	Util Sec. Twp. Age.	In yes actually connected? When		
t give location of tanks.				
If this production is commingled wi	th that from any other lease or pool,			
V. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
Designate Type of Completi	$on - (\lambda)$		P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Off/Gas Pay	Tubing Depth	
Elevations (Dr., AAB, A1, GA, etc.)				
F-erforations			Depth Casing Shoe	
	THE CASING AND	CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLESIZE	CASING & TODAY			
	The state of the s	ifter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST FOR WELL	OR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours;		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, esc.)	
		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure			
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gaa-MCF	
Actual Francisco				
GAS WELL	Length of Test	Bols. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Took	34		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-12)	Casing Pressure (Shut-in)	Choke Size	
		DIL CONSERVA	TION COMMISSION	
VI. CERTIFICATE OF COMPLIA	NCE			
		This form is to be filed in compliance with RULE 1104.		
I hereby certify that the rules and Commission have been complied	d regulations of the Oil Conservation, with and that the information given has been of my knowledge and belief.			
above is true and complete to t	he best of my knowledge and belief.			
Marie				
	21432	If this is a request for silowable for a newly drilled of despetitively, this form must be accompanied by a tabulation of the deviation that taken on the well in accordance with RULE 111.		
(Si	anature)	tests taken on the well in according	at be filled out completely for allow	
	Title)	All sections of this form must be filled out completely for allow able on new and recompleted wells.		
1-1-70		Fill out only Sections I. II. III. and VI for changes of owns well name or number, or transporter, or other such change of conditions well name or number, or transporter, or other such changes of moulting well name or number.		
	(Date)	Separate Forms C-104 mus	it be filed for each pool in multiple	
		completed wells.		