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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	H
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

Operator ROYALTY COMPANY	
Address	
Persons for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	Name Change

If change of ownership give name and address of previous owner

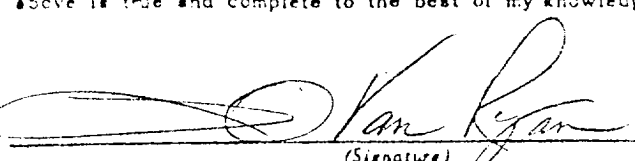
LOCATION OF WELL AND LEASE	
Well Name Central Totah Unit	Well No. 5 Prop. Name, including Formation Totah Gallup
Kind of Lease State, Federal or Fee Federal	
Lease No. SF-078931	
Location Unit Letter M ; 330 Feet From The South Line and 500 Feet From The West	
Line of Section 28 Township 29N Range 13W , NMPM, San Juan County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Four Corners Pipeline Plateau	Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	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:

VI. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well 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 (DE, EKE, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth

VII. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MMCF
GAS WELL			
Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JAN 12 1978	
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.		APPROVED _____, 19____	
		BY Original Signed by A. R. Kendrick	
District Production Manager		TITLE SUPERVISOR DIST. #3	
1-1-78		This form is to be filed in compliance with RULE 1104.	
(Date)		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 on new and recompleted wells.	
		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.	
		Separate Forms C-104 must be filed for each pool in multiply completed wells.	