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DISTRIBUTION			2
SANTA FE		1	
FILE		1	
U.S.G.S.		<u> </u>	
LAND OFFICE		<u> </u>	
IRANSPORTER	OIL		<u> </u>
	GAS	1	
OPERATOR		3	ļ
PRORATION OFFICE		<u> </u>	1

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DISTRIBUTION 2	NEW MEXICO OIL CONS	ERVATION COMMISSION Form C-104		
SANTA FE	REQUEST FOR			
FILE /	A	ND		
U.S.G.S.	AUTHORIZATION TO TRANSF	UTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE				
IRANSPORTER GAS /				
OPERATOR 3				
PRORATION OFFICE				
Southland Royalty	Company			
• ddaass		1		
P. O. Drawer 570, Farm Reason(s) for filing (Check proper box)	arington,e.	Other (Please explain)		
New Well	Change in Transporter of: Ott Dry Gas	Name change		
Recompletion	Oil Dry Gas Casinghead Gas Condensat	• 🗍		
Change in Ownership	Astec Oil & Gas Company,	n o Draver 570 Farmi	naton. New Mexico 37401	
If change give name and address of previous owner	Aztec Oil & Gas Company,	P. O. Drawer 570, rarmi	117,0011	
	FASE	live de la comp	Lease No.	
DESCRIPTION OF WELL AND L		I State. Federal C		
Mangum	#4 Basin Dakota	1		
Location / K 1750	Feet From The South Line of	and 1770 Feet From Th	West	
Unit Letter / K ; 1750			San Juan County	
Line of Section 28 Town	nahip 29 North Range 11 N	west , Namm,		
. DESIGNATION 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 Cit	J.,	p O Boy 108 Farmingto	on, New Mexico 87401	
Plateau, Inc.	or Dry Gas X	Address (Give address to which approve	d copy of this form is to be sent)	
Southern Union Gather	ning I	Fidelity Union Tower, Da	allas, Texas /5201	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected? When		
to the second second	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ive commingling order number:		
If this production is commingled with COMPLETION DATA	h that from any other lease or pool, gi	New Well Workove: Deepen	Plug Back Same Resty, Diff. Resty.	
Designate Type of Completion	Oll Well Gds Hell	Maw watt		
Date Spudged	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded		Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, esc.)	Name of Producing Formation		Depth Casing Shoe	
Perforations			Depth Cashing allow	
, 6,13,1	TUBING, CASING, AND	CEMENTING RECORD	•	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE				
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	nth or be for juli 24 hours	and must be equal to or exceed top allow	
OH WELL	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)	
Date First New Oil Run To Tanks		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Casting F188522		
During Test	Oil-Bbis.	Water-Bble.	Gas-MCF	
Actual Prod. During Test				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Casing Pressure (Shet-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
	NCF	1	ATION COMMISSION	
VI. CERTIFICATE OF COMPLIA		APPROVED JAI	VI z 1978	
I hereby certify that the rules an	d regulations of the Oil Conservation I with and that the information given the best of my knowledge and belief.	Original	Signed by A. R. Kendrick	
Commission have been complied above is true and complete to t	with and that the information gaves the best of my knowledge and belief.	SUPERVISOR DIST. 43		
	/ /)	TITLE		
			compliance with RULE 1104. owable for a newly drilled or deepend on the deviation of the deviation of the deviation.	
		Withis is a request for six well, this form must be accom- tests taken on the well in acc	owable for a newly critical of the deviation of the devia	
	ignatury)	tests taken on the west in acc	a se sitted out completely for allow	

Co	nmission have been complied with best of my knowledge and belie ove is true and complete to the best of my knowledge and belie	t.
25	ye is tide and t	
	- Shakara	
	District Production Mgr.	
	1-1-78 (Title)	
	1-1-70	

(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.