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| OPERATOR | 4 |
| PRODUCTION 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-110
Effective 1-1-65

| | |
|---|---|
| Operator SANTA FE ROYALTY COMPANY Box 570 | |
| Address Farmington, N.M. 87401 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change In Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change In Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) Name change | |

If change of ownership give name and address of previous owner _____

| | | | | | |
|--------------------------------|-----------------|------------------------|--|--|------------------------|
| Lease Name Aztec Totah Unit | | Well No. 15 | Pool Name, including Formation Totah Gallup | Kind of Lease State, Federal or Fee | Lease No. SF-079065 |
| Location | | | | | |
| Unit Letter C | 765 | Feet From The North | Line and 3175 3150 | Feet From The East | |
| Line of Section 30 | Township 29N | Range 13W | NMPM, San Juan | | County |

| | | | | | |
|---|------|--|------|------|---------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Four Corners Pipeline | | Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | | 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: _____

| | | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|-----------|----------|-------------------|--------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'ty. | Diff. Res'ty. |
| 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 | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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)

| | | | |
|---------------------------------|-----------------|---|------------|
| 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 Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL | | | |
| Actual Prod. Test-MCF/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 _____ District Production Mgr. | | Original Signed by A. R. Kendrick | |
| 1-1-78 (Date) | | TITLE _____ SUPERVISOR DIST. #3 | |
| (Signature) | | This form is to be filed in compliance with RULE 1104. | |
| | | 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. | |