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| TRANSPORTER | OIL | 1 |
| | GAS | 1 |
| OPERATOR | | 3 |
| 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-110
Effective 1-1-65

| | |
|---|---|
| Operator Southland Royalty Company | |
| Address P. O. Drawer 570, Farmington, New Mexico 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 give name Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401
and address of previous owner

| | |
|--|----------------|
| DESCRIPTION OF WELL AND LEASE | |
| Lease Name Sategna | Well No. #2 |
| Pool Name, including Formation Basin Dakota | |
| Kind of Lease State, Federal or Fee Fee | |
| Lease No. | |
| Location | |
| Unit Letter M ; 1085 Feet From The South Line and 795 Feet From The West | |
| Line of Section 21 Township 29 North Range 11 West , NMPM, San Juan County | |

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| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Plateau, Inc. | P. O. Box 108, Farmington, New Mexico 87401 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Southern Union Gathering | Fidelity Union Tower, Dallas, Texas 75201 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |

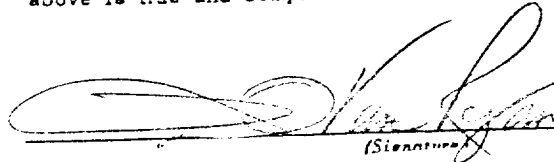
If this production is commingled with that from any other lease or pool, give commingling order number:

| | |
|------------------------------------|---|
| 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 (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 |
| | | | |
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| 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 |
| Length of Test | Producing Method (Flow, pump, gas lift, etc.) |
| Actual Prod. During Test | Tubing Pressure |
| | Casing Pressure |
| | Choke Size |
| | Water-Bble. |
| | Gas-MCF |

| | |
|----------------------------------|---------------------------|
| GAS WELL | |
| Actual Prod. Test-MCF/D | Length of Test |
| Testing Method (pitot, back pr.) | Bble. Condensate/MMCF |
| | Gravity of Condensate |
| | Tubing Pressure (Shut-in) |
| | Casing Pressure (Shut-in) |
| | Choke Size |

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| VI. CERTIFICATE OF COMPLIANCE | |
| 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. | |
|  | |
| District Production Mgr. | |
| 1-1-78 (Title) | |
| (Date) | |

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| OIL CONSERVATION COMMISSION | |
| JAN 12 1978 | |
| APPROVED | , 19 |
| Original Signed by A. R. Kendrick | |
| BY | |
| TITLE SUPERVISOR DIST. #3 | |
| 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. | |