			<del></del> -	
NO. OF COPIES RECEIVED				
DISTRIBUTION			7	
SANTA FE		/		
FILE		1		
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
	GAS	1		
OPERATOR		4		
PRORATION OFFICE				

1 - 1 - 78

(Date)

NO. OF COPIES RECEIVED				
DISTRIBUTION 7		SERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-11		
SANTA FE /		OR ALLOWABLE  Supersedes Old C-104 and C-110  Effective 1-1-65		
FILE		SPORT OIL AND NATURAL GAS		
U.S.G.S.	AUTHORIZATION TO TRANS	ANSFORT OIL AND NATORAL GAG		
LAND OFFICE	•			
TRANSPORTER GAS				
OPERATOR 4				
PROBATION OFFICE				
Operator				
Southland Roya	alty Company			
Address	ngton New Mexico 87401			
Reason(s) for filing (Check proper box)	ngton, New Mexico 87401	Other (Please explain)		
New Well	Change in Transporter of:	N	1	
Recompletion	Oil Dry Gas	Name change		
Change in Ownership	Casinghead Gas Condensa	ite		
rive name	oil & Cos Company P	. O. Drawer 570, Farming	ton, New Mexico 87401	
If change give name AZ and address of previous owner	tec Ull q Gas Company, 1	. 0. 01000		
	nacr			
DESCRIPTION OF WELL AND L.	Well No. 1 Pool Manie, meraning		Lease No-	
Kattler	#1 Fulcher Kutz Pic	tured Cliff   State, Federal or	ree Fee	
		4.50	Wost	
Unit Letter C 990	Feet From The North Line	and 1650 Feet From The	West	
	_	12 West , NMPM, San Ju	i	
Line of Section 2 Town	ship 29 North Range 1	12 Hest , Nr. Fiv., Sair Sa		
	CD OF OH AND NATURAL GAS			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	copy of this form is to be sent)	
			and this form is to be sent!	
Name of Authorized Transporter of Casi	nghead Gas 🔃 er Dry Gas 💢	Address (Give address to which approved		
Southern Union Gatheri	ng	Fidelity Union Tower, Da is gas actually connected? When	arras, lexas 73201	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?		
I give location of tanks.			· ·	
If this production is commingled with	that from any other lease or pool, g	ive commingling order number:		
COMPLETION DATA		New Well Workover Deepen I	Plug Back   Same Resty. Diff. Resty.	
Designate Type of Completion	$\mathbf{n} = (\mathbf{X})$		+	
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Preducing Formation	Top Oll/Gas Pay		
			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLL SIZE				
		ter recovery of total volume of load oil an	ed must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be affi able for this dep	pth or be for full 24 nours;		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)	
Date First New Oil Null 10 1 dike			Choke Size	
Length of Test	Tubing Pressure	Casing Pressure	CHOCK STATE	
		Water-Bbls.	Gas-NCF	
Actual Frod. During Tem:	Oil-Ebla.	Harri- Done.		
		1	7	
			<u> </u>	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Plod. 1 cat-Molina			Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	CHORE DIAT	
			TION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION	
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 JAN 1 2 1978 , 19		
		Original Signed by A. R. Kendrick		
		D1		
		TITLE SUPERVISOR	TITLE SUPERVISOR DIST. #5	
	////	main form is to be filed in compliance with RULE 1104.		
	1/2 Stanfall	i i i i i i i i i i i i i i i i i i i		
	nature)	well, this is a request for allowable for a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
District Prod		att sections of this form mu	at be filled out completely for allow	
	isle)	able on new and recompleted we	ills.	

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.