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TRANSPORTER	OIL
	GAS
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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, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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"/>
If change of ownership give name and address of previous owner	

Lease Name Cozzens "C"		Well No. #1E	Pool Name, Including Formation Undesignated Chacra	Kind of Lease State, Federal or Fee Federal	Lease No. SF-077056
Location Unit Letter E, 1520 Feet From The North Line and 1110 Feet From The West Line of Section 20 Township 29N Range 11W, NMPM, San Juan County					

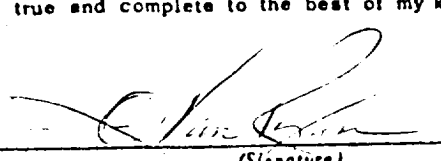
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.		Address (Give address to which approved copy of this form is to be sent) 4775 Ind. Schl. Rd., NE, Albuquerque, NM 87110				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected? No	When

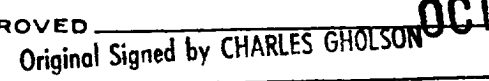
If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 8-17-80	Date Compl. Ready to Prod. 2-20-81	Total Depth 6447'		P.B.T.D. 6404'					
Elevations (DF, RKB, RT, GR, etc.) 5557' GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 2712'		Tubing Depth 2814'					
Perforations Chacra: 2712'-2820'				Depth Casing Shoe 6445'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8", 24#		213'		140 sx				
7-7/8"	5-1/2", 15.5#		6445'		739 sx				
	1-1/2", 2.76#		2814'						

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

GAS WELL			
Actual Prod. Test-MCF/D 2040 MCF	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 949	Casing Pressure (shut-in) 950	Choke Size 3/4"

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.	
 (Signature) District Production Manager (Title) 3-13-81 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED  Original Signed by CHARLES GHOLSEN BY TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3	
OCT 15 1981	
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.	