NO. OF COPIES RECE			
DISTRIBUTION			7
SANTA FE		1	
FILE			-
u.s.g.s.		<u> </u>	
LAND OFFICE		<u> </u>	L
TRANSPORTER	OIL	<u></u>	
	GAS	1/	
OPERATOR		4	
PROBATION OFFICE		l	

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

ANTA FE /	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE	AND			
u.s.G.s.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS	
AND OFFICE				
TRANSPORTER GAS /				
OPERATOR 4				
PRORATION OFFICE				
Southland Royalty (	Company			
ddress		1		
P. O. Drawer 570, Farm	ington, New Mexico 8740	Other (Please explain)		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Omer (1 social angles and	<u> </u> 	
New Well Recompletion	Oil Dry Ga	s		
Change in Ownership	Casinghead Gas Conden	Name change		
		D O Drawer 570 Farm	ington New Mexico 87101	
change give name And address of previous owner	Aztec Uil & Gas Company,	P. U. Drawer 370, Talm	ington, New Mexico 87401	
ESCRIPTION OF WELL AND	Well No.: Pool wome, including F	ormation   Kind of Lea	· · · · · · · · · · · · · · · · · · ·	
Lease Name renier	#8 Undesignated	Pictured Cliff State, Feder	of or Fee Federal SF-078115	
Location			į	
Unit Letter / M : 110	O Feet From The South Lin	e and 960 Feet From	The West	
		•	Juan County	
Line of Section 18 Tov	waship 31 North Range	II West / W. M. Court		
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	is (C) which are	oved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	sved capy of this join is to be senty	
Name of Authorized Transporter of Ca	conhead Cos To Gas Y	· Address (Give address to which appr	oved copy of this form is to be sent)	
		Fidelity Union Tower, Dallas, Texas 75201		
Southern Union Gather	Unit Sec. Twp. Ege.	Is gas actually scanected?		
If well produces oil or liquids, give location of tanks.				
f this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
Designate Type of Completic				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	- Control Torretton	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 027 043 7 47		
Perforations	1		Depth Casing Shoe	
	TUDING CASING AN	D CELENTING RECORD		
	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & LUBING SIZE			
		fl	il and must be equal to or exceed top allow	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this d	lepth or be for full 24 hours)		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	life, grad	
			1 Choke Size	
Length of Test	Tubing Pressure	Cosing Pressure	Chore Size	
Table Table	OII - 25;5.	Water-Bhis.	ggingers 1970	
Actual Prod. During Test				
			OIL COIN. 3	
GAS WELL	It could be Took	Bbls. Condensate/MMCF	Greyity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	22.27		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	and the same of th	OIL CONSER	VATION COMMISSION	
CERTIFICATE OF COMPLIAN	NCE		2 1978	
T beauty newify that the sules and	regulations of the Oil Conservation	1 100000160	, 19	

## 1.

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 Mgr.

1-1-78

(Date)

(Title)

Original Signed by A. R. Kendrick

SUPERVISOR DIST. 43 TITLE \_\_

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 Sactions 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.