HO. OF COPIES RECEIVED				
DISTRIBUTION			7	
SANTA FE		1		
FILE			~	
U.S.G.S.		ļ		
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL			
	GAS	1	<u> </u>	
OPERATOR		3	ļ	
PROBATION OFFICE		1	1	

1-1-78

(Date)

NO. OF COPIES RECEIVED					
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old		Form C-104 Supersedes Old C-104 and C-130		
SANTA FE	REQUEST FOR ALLOWABLE Effective 1-1 65				
FILE		AND	·		
U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GA	.3		
LAND OFFICE					
TRANSPORTER OIL /		•			
GAS /					
OF CRATOIT					
PRORATION OFFICE					
Operator	•				
Southland Rayalty	Tombank				
Address 570 For	mington New Mexico 8740	01			
P. O. Drawer 570, Far	mingeon, new nextee	Other (Please explain)			
Reason(s) for filing (Check proper box)	Change in Transporter of:				
New Well	Oil Dry Gas Name change				
Recompletion	· -	Condensate			
Change in Ownership					
If change give name and address of previous owner	Aztec Oil & Gas Company,	P. O. Drawer 570, Farmi	ington, New Mexico 37401		
AND T	TACE				
. DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	mation Kind of Lease	Lease No.		
Lease Name	#15 Basin Dako		or Fee Federal SF-078115		
Grenier	10				
Location / E 1/1	70 Feet From The North Line	and 1690 Feet From Ti	West		
Unit Letter F : 14	Feet From TheLine	and			
1.0	mship 31 North Range 1	1 West , NMPM,	San Juan County		
Line of Section 18 Tow	mahip 31 NOI CII Adinge -				
	TO OF OWN AND NATIONAL GAS	•			
I. DESIGNATION OF TRANSPORT	or Condensate X				
Name of Authorized Transporter of Otl	5. 00	P. O. Box 108, Farmingt	on, New Mexico 87401		
Plateau, Inc.	or Try Cas X	Address (Give address to which approv	ed copy of this form is to be sent)		
Name of Authorized Transporter of Cas	inghedi Gus C. S., Goo M.	Fidelity Union Tower, D			
Southern Union Gathe		Is gas actually connected? Whe			
If well produces oil or liquids,	Unit Sec. Twp. Fige.				
give location of tanks.	<u> </u>				
If this production is commingled with	th that from any other lease or pool, g	give commingling order number:			
V. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
Designate Type of Completion		• • • • • • • • • • • • • • • • • • •	1		
Designate Type of Completing		Total Depth	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	10.4. 25,			
		Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	100 0117 041 1 -7			
			Depth Casing Shoe		
Perforations					
		GENERALING BECORD			
		CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEFINAL			
	1				
			1		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
OH WELL		pih or be for full 24 hours)   Producing Method (Flow, pump, gas li	ft, etc.)		
Date First New Oil Run To Tanks	Date of Test	Linearité Mariner (1 sont bauch)			
•		Contra Brosswee	Choke Size		
Length of Test	Tubing Pressure	Casing Pressure			
		Transfer District	Gas-MCF		
Actual Prod. During Test	Oil-Bais.	Water-Bbls.	Gus-MCF		
-		<u> </u>	1 - 1 - 1 - 1 - 1		
			a più /		
GAS WELL			Gravity of Condensate		
Actual Prod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Grevity or Gondensure		
Notice Production			Lors Lors		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
, esting method (proble obtained)					
	VCE	OIL CONSERVATION COMMISSION			
VI. CERTIFICATE OF COMPLIA	NCE				
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			
		Omiginal Signed by A. R. Kendrick			
<del></del>	/ ()	TITLE SUPERVISO	R DIST. #3		
	/ / /	This form is to be filed in compliance with RULE 1104.			
11					
	If this is a request for allowable for a newly drilled or division of the divi				
(Si	gnature)	The same of the Well in div	Oldance with the		
District Produ	ection Her.	Att mactions of this form E	oust be filled out completely for allow		
	Title)	able on new and recompleted	walls.		

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. All sections of this form must be able on new and recompleted walls.