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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

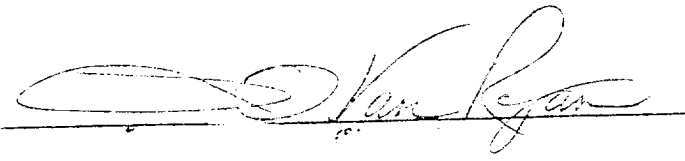
Operator		Southland Royalty Company	
Address		P. O. Drawer 570, Farmington, New Mexico 87401	
Region (Enter in proper box)		Other (Please explain)	
New Well	Change in Transporter of:	None change	
Recompletion	Oil		
Change in Drilling	Casinghead Gas		
	Dry Gas		
	Condensate		
Name of Operator give name Artec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401			

I. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Thompson	#11	Basin Dakota	State, Federal or Fee Federal
Lease No.			NM-01614
Location			
Unit Letter	H	1580 Feet From The North Line and 790 Feet From The East	
Line of Section	34	Township 31 North Range 12 West	San Juan County

II. DESIGNATION OF TRANSPORTER OF OIL 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)	
Plateau, Inc.		P. O. Box 108, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gathering		Fidelity Union Tower, Dallas, Texas 75201	
How is gas lifted or liquids, moved to surface?	Unit	Sec.	Twp.
			Reg.
Is gas actually connected?		When	

If this production is commingled with that from any other lease or pool, give commingling order number:			
III. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)			
Length of Test	Date of Test	Excluding shut-in time, per well, etc.	
Tubing Pressure	Casing Pressure	Choke Size	
Oil-Bbls.	Water-Bbls.	Gas-MCF	
Gravity of Condensate		L.S.L. 3	
Testing Method (piston, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.	
	
Director, Conservation Division (Title)	
1-1-78 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED JAN 12 1978	
BY Original Signed by A. R. Kendrick	
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	