SO. OF COPIES RECE	LIVED	İ	
DISTRIBUTION			7
SANTA FE		1	
FILE		1	4
U.S.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		4	
PRORATION OFFICE		<u> </u>	
Operator			

DISTRIBUTION /		NSERVATION COMMISSION Form C-104 OR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65		
FILE / /		AND		
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GAS		
LAND OFFICE				
TRANSPORTER GAS /				
OPERATOR 4				
PRORATION OFFICE Operator				
SOUTHLAND ROYALT	TY COMPANY			
P. O. Drawer 570, Farm	ington: New Mexico 8740	1		
Reason(s) for filing (Check proper box)	ington, new mentos of the	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas Casinghead Gas Condens	NAME CHA	NGE	
Change in Ownership			N N \$7103	
If change give name and address of previous owner	ztec Oil & Gas Company,	P. O. Drawer 570, Farming	ton, New Mexico 3/401	
DESCRIPTION OF WELL AND	LEASE	rmetton. Kind of Lease	Lease No.	
Lease Name Pierce	Well No. Pool Name, Including Fo #6 Blanco Pict	F		
Location				
Unit Letter / H : 185	Feet From The North Line	Feet From The	East	
Line of Section 30 Tov	maship 31 North Range	10 West , NMPM,	San Juan County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	ş	(1)	
Name of Authorized Transporter of Oll	or Condensate	Address (Give address to which approved	copy of this form is to be sent)	
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approved		
Southern Union Gather:	ing	Fidelity Union Tower, Dallas, Texas 75201		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected? When	< 1	
	th that from any other lease or pool,	give commingting order number:		
COMPLETION DATA			lug Back Same Res'v. Diff. Res'v.	
Designate Type of Completic				
Date Spudded	Date Compl. Ready to Prod.	Total Depth P	.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	ubing Depth	
			epth Casing Shoe	
Perforations				
		CEMENTING RECORD	CACAC CENTAL	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fier recovery of total volume of load oil and pth or be for full 24 hours)	must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)	
33.0				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Ctl-Bbis.	Wereer-Bible.	Ga-NCF	
		Constant CM.	<u> </u>	
GAS WELL		W 1967 3	/	
As WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate MCF	Gravity of Condensate	
The state of the s	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)				
I. CERTIFICATE OF COMPLIAN	icate of compliance OIL CONSERVATION COMMISSING JAN 1 2 1978			
APPROVED		APPROVED		
	the and complete to the best of my knowledge and belief. BY			
•		TITLE SUPERVISOR DIST. 48		
		This form is to be filed in cor	npliance with RULE 1104.	
	Man Keren	If this is a request for allowab	ale for a newly drilled or despensed and by a rebulation of the deviation	
(Sign	nature)	asta taken on the well in accorda	nce with RULE 111.	
	luction Manager	All sections of this form must able on new and recompleted well	be filled out completely for allow-	
(T	itle)	il sore on new and recombinered werr		

1-1-78 (Date)

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.