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OPERATOR	4
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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

I. Operator
Scoville Royalty Company
Address
P. O. Drawer 570, Farmington, New Mexico 87401
Reader, for filing, check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ Name change
Change in Transporter ☐ Casinghead Gas ☐ Condensate ☐

If change give name and address of previous owner Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE
Lease Name Thompson Well No. #13 Pool Name, Including Formation Undesignated, Pictured Cliff Kind of Lease Federal Lease No. NM-01614
Location
Unit Letter F 1800 Feet From The North Line and 1800 Feet From The West
Line of Section 28 Township 31 North Range 12 West, NMPM, San Juan County

III. 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)
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
If well produces oil or liquids, give depth of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Type of Completion
Type of Completion
Type of Completion
Type of Completion
Type of Completion
Type of Completion
Type of Completion
Type of Completion
Type of Completion
Type of Completion

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)
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 Length of Test Bbls. Condensate/MCF Gravity of Condensate
Testing Method (pilot, 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.
San Ryan
(Signature)
Director, Proration
(Title)
1-1-78
(Date)
OIL CONSERVATION COMMISSION
APPROVED JAN 12 1978, 19
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.