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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 1-1-55

Operator: **SOUTHLAND ROYALTY COMPANY**

Address: **P. O. Drawer 570, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well:  Change in Transporter of:

Recompletion:  Oil  Dry Gas

Change in Ownership:  Casinghead Gas  Condensate

**NAME CHANGE**

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

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Rattlesnake Cayon</b>	Well No. <b>#1</b>	Pool Name, including Formation <b>Pump Mesa Fruitland</b>	Kind of Lease State, Federal or Fee	State	Lease No.
Location					
Unit Letter <b>N</b>	<b>820</b>	Feet From The <b>South</b>	Line and <b>1680</b>	Feet From The <b>West</b>	
Line of Section <b>32</b>	Township <b>32 North</b>	Range <b>8 West</b>	, NMPM,		San Juan County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Plateau, Inc.</b>	<b>P. O. Box 108, Farmington, New Mexico 87401</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Northwest Pipeline Corporation</b>	<b>P. O. Box 90, Farmington, New Mexico 87401</b>
If well produces oil or liquids, give location of tanks.	Unit Sect. Twp. Sec. Is gas actually connected? When

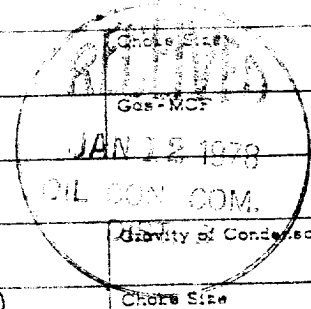
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'ty <input type="checkbox"/>	Diff. Res'ty <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (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	Testing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
GAS WELL		Choke Size
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)
		Gravity of Condensate



**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.

*(Signature)*  
 \_\_\_\_\_  
 District Production Manager  
 (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.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.