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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

SOUTHLAND ROYALTY COMPANY

P. O. Drawer 570, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Operator ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

NAME CHANGE

give name Antec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Reese Mesa	#4	Blanco Mesaverde	State, Federal or Fee Federal	NM-6890
Location	Unit Letter	Feet From The	Line and	Feet From The
	K	2500	South	1820 West
Line of Section	11	Township	32 North	Range 8 West
				NMFM, 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)
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)
Northwest Pipeline Corporation	P. O. Box 90, Farmington, New Mexico 87401
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)	Perforations	Perforations	Perforations	Perforations	Perforations	Perforations	Perforations	Perforations	Perforations

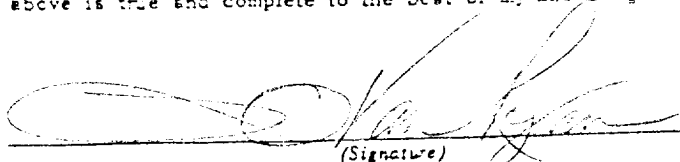
V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Flow Rate (Bbls./Day)	Date of Test	Flow Rate (Bbls./Day)	Flow Rate (Bbls./Day)
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	
Gas Well	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Testing Method (pilot, back pr.)	Testing 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.



District Production Manager

(Title)

1-1-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Original Signed by A. R. Kendriek

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 deviating 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 multiple