NO. OF COPIES RECE	IVED	<u> </u>	
DISTRIBUTION			\mathbb{Z}
SANTA FE		/	
FILE			0
U.S.G.S.			
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		4	
PRORATION OFFICE		⊥'_	
Operator			n n ca

DISTRIBUTION /		NSERVATION COMMISSION Form C-104 OR ALLOWABLE Supersedes Old C-104 and C-1		
FILE / 4		AND Effective 1-1-65		
U.S.G.S.	_ AUTHORIZATION TO TRAN	NSPORT OIL, AND NATURAL G	iAS	
LAND OFFICE			•	
TRANSPORTER GAS /				
PROPATION OFFICE	_			
Operator	SCALLEN COND.			
SOUTHLAND	ROYALTY COMPANY			
P. O. Drawer 570, Fa	rmington, New Mexico 8740			
Reason(s) for filling (Check proper b.	ox,	Other (Please explain)		
New Well Recompletion	Change in Transporter of: Oil Dry Gas	NA	ME CHANGE	
Change in Ownership	Casinghead Gas Condens		EIL CIPAGE	
If change give name	Aztec Oil & Gas Company,	P. O. Drawer 570, Farmi	ngton, New Mexico 87101	
and address of previous owner	Aziec Oir & das company,	1. 0. 224.02		
. DESCRIPTION OF WELL AN	Vell No. Pool Name, Including Fo	-matten Kind of Lease	Lease No.	
Lease Name Cozzens	#2 Fulcher Kutz Pi	ingtion	lor Fee Federal SF-07705	
Location			_	
Unit Letter B;	990 Feet From The North Line	and 2310 Feet From 5	The East	
Line of Section 19	Township 29 North Range 1	1 West , NMPM,	San Juan County	
Eme of Section				
Name of Authorized Transporter of (RTER OF OIL AND NATURAL GAS	S Address (Give address to which appro-	ved copy of this form is to be sen:)	
į				
	Dasingnead Gas or Dry Gas 🔀	Address (Give address to which approx Fidelity Union Tower,		
Southern Union Gathe	ring	is gas actually connected? Who		
If well produces oil or liquids, give location of tanks.				
If this production is commingled	with that from any other lease or pool, a	give commingling order number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
Designate Type of Comple			P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.3.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations				
		DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	UEFTA 3E1		
V. TEST DATA AND REQUEST	FOR ALLOWABLE. (Test must be a)	fer recovery of total volume of load oil	and must be equal to or exceed top allow	
OIL WELL	able for this de	pth or be for full 24 hours) Producing Monicod (Flow, pump, gas li		
Date First New Oil Run To Tanks	Date of Test	p, statemy mention of the property and		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	00.25	Water-Bhis.	Gas-Mc.L.)	
Actual Prod. During Test	On-Bbis.	,	1970	
			100 COM.	
GAS WELL	Length of Test	Bbls. Condensate/MMCF	GravityGof Condensate	
Actual Prod. Test-MCF/D	25.13.11			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke-Size	
		OIL CONSERV	ATION COMMISSION	
VI. CERTIFICATE OF COMPLI	ANCE		1 2 1978	
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED	d by A. R. Kondrigh	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by A. R. Kendrick SUPERVISOR DIST. #3		
	/ /)	TITLE SUPERVI	DOW DIOZ.	
	/ V	This form is to be filed in	compliance with RULE 1104.	
		if went able from must be accomp	I this is a request for allowable for a newly drilled or deepened	
District Production Manager		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
(Title) able on new and recompleted wells.		wells.		
	1-1_78	i well name or number, or transpo	II, III, and VI for changes of owner orter, or other such change of condition	
(Date)		well name of homos, of the portation filed for each pool in multiply		

Fill out only Sections I. H. 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.