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DISTRIBUTION			2		
SANTA FE					
FILE		1			
U.S.G.S.					
LAND OFFICE					
IRANSPORTER	OIL	1			
	GAS	1			
OPERATOR		3			
PRORATION OFFICE		İ			

NEW MEXICO OIL CONSERVATION COMMISSION

ł	SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65			
	AND AND ANTHON TO TRANSPORT ON AND MATURAL CA							
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	OIL /							
	TRANSPORTER GAS /							
	OPERATOR 3							
١.	PRORATION OFFICE Operator							
		SOUTHLAND ROYALTY COM PANY						
	Address	rawer 570 Farmington, New Mexico 87401						
	Reason(s) for filing (Check proper box)	. U. Dianoi 570; idimington;						
	New Well							
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	NAME UN		IANGE			
	thange give name Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401							
	If change give name A and address of previous owner	ztec Oil & Gas Company,	P. O. Drawer 5	/U, Farming	ton, New Maxico Stable			
	DESCRIPTION OF WELL AND L	FASE						
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease					Fee Federal NM-01773A			
	Reid	#8 Aztec Pictu	red Cliff	State, Federal or	Fee Federal NM-01772A			
	Unit Letter L : 164	O Feet From The South Line	and 1120	Feet From The	West			
	Unit Letter							
	Line of Section 19 Tow	mship 28 North Range	9 West , NMPM	<u>.</u>	San Juan County			
Т.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S					
	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	Address (Give address to which approved copy of this form is to be sent)						
	Southern Union Gatheri		Fidelity Union Tower, Dall		illas, Texas 75201			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect	ed? When				
	give location of tanks.		oring commingling oring	r number:				
v.	If this production is commingled wit COMPLETION DATA	in that from any other lease or pool, g			Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completion		New Well Workover	Deepen P	I I I I I I			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P	P.B.T.D.			
		Name of Producing Formation	Top Oil/Gas Pay	-	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing 1 officiation						
	Perforations			D	Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT			
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)							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lift,	etc.)			
			Casing Pressure	- 	Cincise Size			
	Length of Test	Tubing Pressure	Cdaing Pressure	1	and the same of th			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	113	Gas - MCF			
			<u> </u>		<u>- √40, - + + + + + + + + + + + + + + + + + + </u>			
	GAS WELL			J.	7 - NOT 3 - J			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	OF E	Cravity of Condensate			
		Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in) (Choke Size			
	Testing Method (pitot, back pr.)	Tubing Plass 2 of Dilliam,						
JI	CERTIFICATE OF COMPLIANCE				TON COMMISSION			
			APPROVED JANIZ 10/6 . 19					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			original	BY Original Signed by A. A. Aradrick				
	Commission have been compiled with and that the bear of my knowledge and belief.		TITLE					
		/ //	11					
	(-5) /a.	Sollan Kita		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a nawly drilled or deepened				
	(Signature)		well, this form must be accompanied by a tabulation of the deviation in the deviation of the deviation of the deviation.					
	District Prod	luction Manager	All anctions	of this form must	be filled out completely for allow-			
(Title) 1-1-78			able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,					

(Date)

well name or number, or transporter, or other such change of condition.

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.