

NO. OF COPIES RECEIVED		
DISTRIBUTION		7
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		4
PRODUCTION OFFICE		

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

Operator SOUTHLAND ROYALTY COMPANY	
Address P. O. Drawer 570, Farmington, New Mexico 87401	
Reasons for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐	NAME CHANGE
If change give name and address of previous owner Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401	

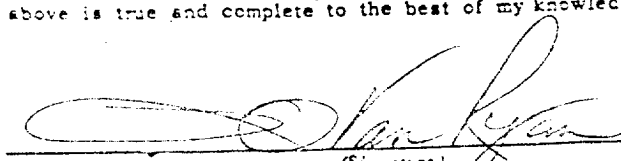
DESCRIPTION OF WELL AND LEASE	
Lease Name Aztec	Well No., Pool Name, including Formation #5 Fulcher Kutz Pictured Cliffs
Kind of Lease State, Federal or Fee Federal	Lease No. SF-044535
Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East	
Line of Section 14 Township 28 North Range 11 West , NMPM, San Juan County	

II. 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 location 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 Res'tv. Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevation (SF, FMS, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth

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	Tubing Pressure	Casing Pressure	Check Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Check Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JAN 12 1978	
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.		APPROVED _____, 19____	
		BY Original Signed by A. W. Hendrick	
		TITLE _____	
		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 multiple completed wells.	


(Signature)
District Production Manager
(Title)
1-1-78
(Date)