

NO. OF COPIES RECEIVED		DISTRIBUTION		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	
SANTA FE		FILE		U.S.G.S.		LAND OFFICE	
TRANSPORTER		OIL		GAS		OPERATOR	
PRORATION OFFICE		Operator		Southland Royalty Company		Address	
Reason(s) for filing (Check proper box)		Change in Transporter of:		Other (Please explain)		Name change	
New Well		Oil		Dry Gas		Condensate	
Recompletion		Casinghead Gas					
Change in Ownership							
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND LEASE							
Lease Name		Well No.		Pool Name, Including Formation		Kind of Lease	
Hagood		3		Basin Dakota		State, Federal or Fee SF-079065	
Location		Unit Letter		Feet From The		Line and	
P		990		South		790	
Line of Section		Township		Range		County	
34		29N		13W		San Juan	
I. 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.				Box 108, Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company				Box 990, Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.		Unit		Sec.		Twp.	
If this production is commingled with that from any other lease or pool, give commingling order number:							
V. COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well		Gas Well		New Well	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
Elevations (DF, RKE, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations						Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL							
Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
Length of Test		Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.			
GAS WELL							
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing 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							
1-1-78							
OIL CONSERVATION COMMISSION							
JAN 12 1978							
APPROVED							
BY Original Signed by A. R. Kendrick							
TITLE SUPERVISOR DIST. #8							
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.							