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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

Operator SOUTHERN ROYALTY COMPANY	
Address P. O. Drawer 570, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
If change give name and address of previous owner Atlas Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401	

I. DESCRIPTION OF WELL AND LEASE			
Lease Name East	Well No. 111	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Foreign Federal
Location Unit Letter A 1150 Feet From The North Line and 990 Feet From The East			
Line of Section 24 Township 31 North Range 12 West N.M.P.M. San Juan County			

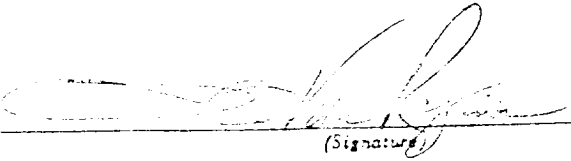
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)

If this production is commingled with that from another lease or pool, give commingling order number							
III. COMPLETION DATA							
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Results
Date Produced	Date Compl. Ready to Prod.	Total Depth	P.B.P.D.				
Elevations (F., M.S., AT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth				
Restrictions						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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil available 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 JAN 12 1978, 19	
		BY Original Signed by A. R. Kendrick	
District		TITLE SUPERVISOR DIST. #4	
(Signature)		This form is to be filed in compliance with RULE 1104.	
(Title)		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.	
(Date)		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.	
		Form C-104 must be filed for each pool in multiple copies.	