HO. OF COPIES RECEIVED				
DISTRIBUTION			_2	
SANTA FE		_4		
FILE				
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		3		
PROPATION OFFICE				

DISTRIBUTION SANTA FE	REQUEST FOR ALLOWARLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRAN				
OPERATOR 3					
PROPATION OFFICE					
Southland Royalty C	onpany				
P. O. Drawer 570, Farmi	ngton. New Mexico 87401				
Reasons) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)			
New Well Recompletion Change in Ownership	Oil Dry Gas  Casinghead Gas Condense				
If change give name AZ and address of previous owner	tec Oil & Gas Company, F	O. O. Drawer 570, Farming	gton, New Mexicon 87401		
II. DESCRIPTION OF WELL AND LE	Well No.   Post Name, metaling . c.	mation Kind of Lease	Lease No.		
Whitley Location	#8   South Blanco F	Pictured Cliff State, Federal o	Fee Federal (M-01294		
Unit Letter / M 990	Feet From The South Line	and 1080 Feet From The	. West		
Line of Section 8 Town	ship 27 North Range 9	West , NMPM,	San Juan County		
II. DESIGNATION OF TRANSPORTI	ER OF OIL AND NATURAL GAS	;			
Name of Authorized Transporter of Oil	or Condensate	Address (Otto address to sixted approximation)			
Plateau Name of Authorized Transporter of Casin	193022 040	Address (Give address to which approved Fidelity Union Tower, D			
Southern Union Gatherin	ng Unit Sec. Twp. Rge.	Is gas actually connected? When	arras, rokus rosos		
give location of tanks.		ive commingling order number:			
If this production is commingled with IV. COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.		
Designate Type of Completion	0	1	1 1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/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 FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow-		
OH. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Tool .	Tubing Pressure	Casing Pressure	Choke 6120		
Length of Test		Water-Bbis.	Gas-MCF		
Actual Prod. During Test	Oil-Bbls.		1. (c)		
		1	(4 v. /		
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)	Cosing Pressure (Shut-in)	Choke Size		
		OIL CONSERVA	TION COMMISSION		
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.		10 to			
		APPROVED Original Signed by A. R. Kendrick By			
./		TITLE			
The fact of the second	Kent -	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
District Profsign	Trion Mar.	well, this form must be accompanied by a tabulation of the deviation			
1-1-/3 (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
· ·	77.11.7		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.		
(D	ate)	Separate Forms C-104 mus completed wells.	at be filed for each pool in multiply		