NO. OF COPIES RECEIVED			
DISTRIBUTION			7
SANTA FE		į	
FILE		1	
U.S.G.5.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	/	
OPERATOR		3	
PROBATION OFFICE			
Cperator			

DISTRIBUTION /	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE /		AND RANSPORT OIL AND NATURAL GAS	
LAND OFFICE	AOTHORIZATION TO THE		
TRANSPORTER GAS /			
OPERATOR 3			
PRORATION OFFICE Cperator			
Southland Royalty	Company		
P. O. Drawer 570, Farm	mington, New Mexico 874	401	
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
New Well Recompletion	OII Dry Gas		change
Change in Ownership	Casinghead Gas Condens		
If change give name and address of previous owner	Aztec Oil & Gas Company,	, P. O. Drawer 570, Farm	nington, New Merrico ST401
I. DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	rmation Kind of Lease	
Whitley	#10 Basin Dakot	a State, Federa	lorFee Federal MG-72194
Location Unit Letter / E ; 1850	Feet From The North Line	and 850Feet From T	The West
1 7	07. 1143-	9 West , NMPM,	San Juan County
Line of Section			
II. DESIGNATION OF TRANSPORT	er of oil and natural gas	Addiess Othe Basics to anti-	
Plateau Inc.	}	P. O. Box 108, Farming Address (Give address to which approx	ton, New Mexico 8/411 ved copy of this form is to be sent)
Name of Authorized Transporter of Cast Southern Union Gather	ngnedd Gas 📋 - 6: Dry Gas 🔼 -	Fidelity Union Tower, 1	Dallas, Texas 75201
if well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.	Is gas actually connected? Whe	er.
If this production is commingled with	n that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion	n = (X)	Total Depth	P.B.T.D.
Date Spudded	Date Compi. Reddy to Flod.		
Elevations (DF, RKB, 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 FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	l and must be equal to or exceed top allow-
OII, WELL Date First New Oil Bun To Tanks	able for this de	pith or be for full 24 hours) Producing Method (Flow, pump, gas l	ifter etc.)
Date First New Oll Man 10 Tanks		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Custing Pressure	1 2 2 D
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas -MCF
			The state of
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D		Cosing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sauc-Am)	Choke Size
VI. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION	
and the second second	miletions of the Oil Conservation	APPROVED 19 19	
I hereby certify that the rules and Commission have been complied to the	with and that the information given a best of my knowledge and belief.	BY	1 by A. R. Kendrick
above is tide with complete to the		TITLE	
		This form is to be filed in	compliance with RULE 1104.
	sature)	If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	matter V	i tests taken on the well in acc	nust be filled out completely for allow-
1-1-78	i:le)	able on new and recompleted	walls. It is and UI for changes of owner.
	ate)	well name or number, or transpo	orter, or other such change of condition. ust be filed for each pool in multiply
		Separate Forms C-104 mm completed wells.	<u> </u>