NO. OF COPIES REC					
DISTRIBUTION			2		
SANTA FE	/				
FILE	7	1			
U.S.G.S.					
LAND OFFICE					
IRANSPORTER	OIL				
HANSPORTER	GAS	1			
OPERATOR	4				
PRORATION OFFICE					
Operator					
SOUTHLAND POYALTY					
Address					
P. O. Drawer 570, Farmi					
Reason(s) for filing (Check proper box)					
New Well					
Recompletion					
Change in Ownership					

Districty:

(Title) 1-1-70 (Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	4	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.	11	AUTHORIZATION TO TRA	AND VSPORT OIL AND NATURAL GAS		
LAND OFFICE		AUTHORIZATION TO TRA	HO ON TOTE AND NATURAL	GAS	
TRANSPORTER GAS	<del>, - </del>				
OPERATOR /	4				
PRORATION OFFICE	/				
Operator SOUTHLAND INC	YALTY C	المُنْ الْمِنْ اللهِ اللهِ الله الله الله الله الله الله الله الله			
Address		0740			
P. O. Drawer 570, Reason(s) for filing (Check pro		igton, New Mexico 8740	Other (Please explain)		
New Well		Change in Transporter of:			
Recompletion Change in Ownership		Oil Dry Gas  Casinghead Gas Conden	$\equiv$	NAMGE	
If change give and address of previous own	name Azt	ec Oil & Gas Company,	P. O. Drawer 570, Farm	nington, New Mexico 87401	
DESCRIPTION OF WELL	. AND LE	ASE			
Lease Name		Well No. Pool Name, Including Fo	*		
Nye		#12   Aztec Pictur	ed Cliff Side, rede	sed or Fee Federal SF-078198	
Unit Letter G;	1550	Feet From The North Line	e and 1705 Feet From	n The <u>East</u>	
1.0		<del></del>		*San Ilian	
Line of Section 12 Township 30 North Range 11 West , NMPM, "San Juan County					
DESIGNATION OF TRAN	SPORTE	R OF OIL AND NATURAL GA	S	roved copy of this form is to be sent)	
Name of Authorized Transports	er er On	or condensate [	Added to the desired to the app	obed copy by this join to be de senily	
Name of Authorized Transports			•	roved copy of this form is to be sent)	
Southern Union Ga	l 1 ;		Fidelity Union Tower, Is gas actually connected? , W	, Dallas, Texas 75201	
If well produces oil or liquids, give location of tanks.		1	***		
If this production is comming	gled with t	hat from any other lease or pool,	give commingling order number:		
COMPLETION DATA		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
Designate Type of Co		ate Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date Spudded	100	ate Compi. Reday to Prod.	Total Depth	7.5.1.5.	
Elevations (DF, RKB, RT, GR	, etc.; N	ame of Producing Formation	Top Ott/Gas Pay	Tubing Depth	
Perforations		10.5	<u> </u>	Dēpth Casing Shoe	
		TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE		CASING & TUBING SIZE	DEP 14 SET		
TEST DATA AND REQU	EST FOR	ALLOWABLE (Test must be a)	iter recovery of total volume of load o	il and must be equal to an exceed top allow-	
OIL WELL  Date First New Oil Run To To		able for this de	prin or be for full 24 hours)   Producing Method (Flow, pump, gas	lift, etc.)	
Dele : list Men On					
Length of Test	T	ubing Pressure	Cosing Pressure	Choke Size	
Actual Prod. During Test	0	11 - 3bla.	Woter - Buls.	Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D	L	ength of Test	Bbls. Condensate/MMCF	Gravity of Contensate	
Testing Method (pitot, back p	-) T	ubing Pressure (Shut-in)	Casing Pressure (Shut-is)	Chake Size	
resting Method (phot, back p			•		
CERTIFICATE OF COMPLIANCE		1	VATION COMMISSION		
		ulations of the Oil Consequation	APPROVED JAN	1 2 1978, 19	
Commission have been con	antied with	ulations of the Oil Conservation and that the information given est of my knowledge and belief.	BYOriginal Sign	ned by A. R. Kendrick	
above is true and complete	e rorus D	Ca, of my anomicago and bottom	SIIPMRVISOP DIEM		
	. , /	//_	1111 -	n compliance with RULE 1104.	
	1/13 m -	Kyrin	of the season as a second of for all	nemable for a newly drilled or despensed	
	(Sienatu		well, this form must be accome tests taken on the well in accome.	namied by a tabulation of the deviation	

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.