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DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS / OPERATOR 4	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ND OFFICE ANSPORTER OIL / GAS /				
PRORATION OFFICE					
Southland Royalty Comp	pany				
Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Other (Please explain) Name change	Nov. Maying 27401		
If change give name and address of previous owner	Aztec Oil & Gas Company,	P. O. Drawer 570, Far	mington, New Mexico 87401		
DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, including For	rmention. Kind of Lea	Lease No.		
Grenier "A"	#3 Basin Dakota	Same Fode	ed or Fee Federal SF-077282		
Location Unit Letter 'G : 1510 Feet From The North Line and 1620 Feet From The East					
Line of Section 34 Tow	nship 30 North Range	10 West , NMPM, S	San Juan County		
Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Southern Union Gather If well produces oil or liquids,	inghead Gas or Dry Gas 🛣	P. O. Box 108, Farming Address (Give address to which appr Fidelity Union Tower,	oved copy of this form is to be sent)		
give location of tanks. If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
Designate Type of Completio	n=(X)	Total Depth	P.B.T.D.		
Date Spudded			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			
Perforations Depth Casing Shoe					
	TUBING, CASING, AND		SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	JACKS CENTERT		
			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TEST DATA AND REQUEST FOOIL WELL	able for this de	pth or be for full 24 hours)	il and must be equal to or exceed top allow-		
Date First New Oil Run To Tanks	Date of Test	Producting Method (Flow, pumps to lift; etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Wmer-Bbls.	.Gas-MCF		
		1983	OM.		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Granty of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION JAN 12 1978			
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.		BYOriginal Signed by A. R. Kendrick			
spove is true and complete to the	/ /	TITLE SUPERVISOR DIST. #3			
District Production Manager (Title)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despensed 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.			

(Date)

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.