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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 Southland Royalty Company	
Address P. O. Drawer 570, Farmington, New Mexico 87401	
Reasons for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Name change	

Give name of owner or give name of transporter Antec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thompson	Well No. #6	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM-01614
Location Unit Letter 0, 1160 Feet From The South Line and 1840 Feet From The East				
Range of Section 27 Township 31 North Range 12 West, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	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)
Southern Union Gathering	Fidelity Union Tower, Dallas, Texas 75201
If well produces oil or liquids, give number of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

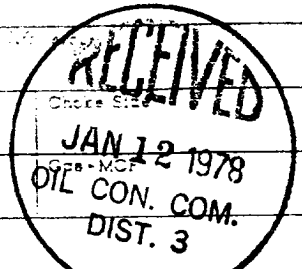
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.					

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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



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.

District Production Mgr.

1-1-78

(Title)

(Date)

OIL CONSERVATION COMMISSION

JAN 12 1978

APPROVED _____, 19____

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. 13

This form is to be filed in compliance with RULE 1104.

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.

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.