HO. OF COPIES RECE	ļ		
DISTRIBUTION SANTA FE			_2
		1	
FILE		1	
U.S.G.S.			
IRANSPORTER	OIL	1	
TRANSPORTER	GAS	1	
OPERATOR		3	L.
PRORATION OFFICE		<u>L</u>	<u>L</u> _

	DISTRIBUTION 7	REQUEST FO	SERVATION COMMISSION R ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65			
1	U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS /		SPORT OIL AND NATURAL G	AS		
1.	OPERATOR 3 PRORATION OFFICE					
	Southland Royalty Company					
	P. O. Drawer 570, Farm	nington, New Mexico 874	Other (Please explain)			
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of: Dry Gas				
	Recompletion Change in Ownership	Casinghead Gas Condense	Name c	hange		
1		Aztec Oil & Gas Company,	P. O. Drawer 570, Farm	mington, New Mexico 8740)		
u.	DESCRIPTION OF WELL AND L	1 11311 1401 1 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		i		
	Ruple ""	#1X Blanco Mesav	erde State, Federa	d or Fee Fee		
	Location Unit Letter 0 : 654	Feet From The South Line	and 1980 Feet From	The East		
	Line of Section 24 Town	ship 31 North Range	11 West , NMPM, San	Juan County		
	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro	eved copy of this form is to be sent)		
	Name of Authorized Transporter of On Dlateau Inc.	e of Authorized Transporter of On Containing to Roy 108 Farmington, New Mexico				
	Name of Authorized Transporter of Casi Southern Union Gather	ng.isca Gas eas	Fidelity Union Tower,	Dallas, Texas 75201		
		Uni: Sec. Twp. Pge.	is gas actually connected? Wi	nen "S-		
	give location of tanks. If this production is commingled with	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	$n=(\lambda)$	Total Depth	P.B.T.D.		
	Date Space	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Common		Depth Casing Shoe		
: •						
:						
	HOLE SIZE					
	AND DEOUTST FO	OR ALLOWABLE (Test must be a	feer recovery of total volume of load a	if and must be equal to or exceed top allow		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Date of Test (Test must be after recovery of total volume of load at and able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, et						
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test		Water-Bble.	Gas-MCF		
	Actual Prod. During Test	ON-Bris.	Hatel Date			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pirot, back pr.)	Tubing Present paiduT	Cosing Pressure (Shut-in)	Choke Size		
V	VI. CERTIFICATE OF COMPLIAN		JAN	vation commission 1.2.1978		
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.		Original Signed by A. R. Kendrick				
		TITLE SUPERVISOR DIST. 48				
			This form is to be filed	in compliance with RULE 1104.		
(Signature)		If this is a request for allowable for a newly drilled or despens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	District Produ	uction Mgr.	tests taken on the well in actions of this form	must be filled out completely for allow		
		itle)	able on new and recompleted	, II, III, and VI for changes of owner		

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.

(Date)