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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	
Reason for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	Name change
Change in Ownership ☐	

If change give name and address of previous owner Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

LEASE NAME Thompson		Well No. #10	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. NM-01614
Location Unit Letter E, 1650 Feet From The North Line and 990 Feet From The West Line of Section 27 Township 31 North Range 12 West, NMPM, San Juan County					

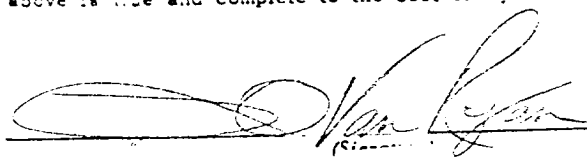
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Plateau, Inc.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Southern Union Gathering		Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower, Dallas, Texas 75201			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Reg.	Is gas actually connected? When.

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(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)	
Test Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gce-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		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.		APPROVED _____, 19	
BY 		Original Signed by A. R. Kendrick	
District Production Mgr. 1-1-78 (Title) (Date)		TITLE SUPERVISOR DIST. #3	
		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. Separate Forms C-104 must be filed for each pool in multiply	