NO. OF COPIES RECE	IVED		
DISTRIBUTION			1
SANTA FE		1	
FILE		J	1
U.S.G.S.			
LAND OFFICE			1
TRANSPORTER	OIL		
	G A S	1	
OPERATOR		4	1
PRORATION OFFICE		'	

NO. OF COPIES RECEIVED	}	•	•
DISTRIBUTION /		SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
NTA FE /	4 /	T FOR ALLOWABLE Supersedes Old C-104 (Effective 1-1-65	
LE 1 V		AND SPORT OIL AND NATURAL GA	s
5.G.S.	AUTHURIZATION TO TRANS	SI OKT OIL AND HATOKAL OA	-
AND OFFICE	-		
RANSPORTER GAS /	-		
ERATOR 4	4		
ORATION OFFICE			
Southland Royalty	Company		
iress	mington, New Mexico 87401		
son(s) for filing (Check proper box	i)	Other (Please explain)	
w Weli	Change in Transporter of:		-
completion	Oil Dry Gas	Name chang	ge ·
ange in Ownership	Casinghecd Gas Condensa		
address of previous owner	Aztec Oil & Gas Company, P	. O. Drawer 570, Farmin	gton, New Mexico 3740
SCRIPTION OF WELL AND	1 1100 1		Lecse No.
Grenier	#21 Aztec Picture	30 UllIIS State, receipt	100
eation	0	1650	West
Unit Letter;;	1650 Feet From The South Line of	and 1030 Feet From Th	ne
	71 Nonth 7 1	2 West , NMPM,	San Juan County
Line of Section 13 To	ownship 31 North Range 12	A HOO C PAWER ON	
	TER OF OUT AND NATURAL GAS		
SIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed copy of this form is to be sent)
time of Authorized Transporter of C			
Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)
ome of Authorized Transporter of the	ring	Fidelity Union Tower,	Dallas, Texas 75201
Southern Union Gathe	Fige.	la aun arros (Lipera entre 1)	
	with that from say other lease or pool, g	ive commingling order number:	
this production is commingled v			Plug Back Same Resty. Diff. Res
	O11 WELL OCS WELL	New Well Workover Deepen	1 1 1 1
Designate Type of Complete	Iron — (A)	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Deptil	
	Name of Producing Formation	Top Off/Gas Pay	Tubing Depth
levations (DF, RKB, RT, GR, etc.	Name of Producting 1 officer		1
			Depth Casing Snow
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HULE SIZE			
			- les consedients
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be af	feer recovery of total volume of load oil	and must be equal to or exceed top a
ntt.WELL		psh or be for full 24 hours) Producing Method (Flow, pump, gas li	ifs, etc.)
Date First New Oil Run To Tanks	Date of Test	From coming in some 15	
		Casing Pressure	Choke 3120
Length of Test	Tubing Pressure		The state of the s
	Ott - Bbis-	Water-Bbis.	Gas-MOF
Actual Prod. During Test	Ott - Dura-	1biz	the second second
		A STATE	The state of the s
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. 1981+Mor/U			- Challe Since
Testing Method (pirot, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	Ghoke Size
: esting Method (pitot, ouch pro)			1
CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	ATION COMMISSION N 1 2 1978
		I ADDONED	, 13
I hereby certify that the rules a	and regulations of the Oil Conservation	Original Si	igned by A. R. Kendrick
I hereby certify that the rules and regulations of the commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYSUPNE	RVISOR DIST. #5
		TITLE	
			n compliance with RULE 1104.
	V. Val.	11	anishin for a namin drilled or defil
() / an lan		If this is a request for all	panied by a tabulation of the days

above is true and complete to the best of my knowledge and believe	e
Carlon Vin	
(Signature)	
District Production Mgr.	
CT: I I	
1-1-78	
(Date)	

If this is a request for allowable for a newly drilled or despected 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 cwner, well name or number, or transporter, or other such change of condition.

well name or number, or transporter, or other sech pool in multiply

Separate Forms C-104 must be filed for each pool in multiply
completed wells.