	DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-10‡ and C-110 Effective 1-1-65
I.	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	Southland Royalty Company			
		Change in Transporter of: Cil Dry G	Other (Please explain)	effective 1-1-78.
	If change of ownership give name and address of previous owner	Aztec Oil & Gas Co	ompany, P.O. Box 837,	Hobbs, NM 88240
11.	DESCRIPTION OF WELL AND LEASE    Lease Name  Well No.  Pool Name, including Formation  Kind of Lease  Lease No.    State "DS"  4  Spencer-San Andres  State, Federal or Fee  State  L-200    Location			
	Unit Letter L ; 198	30 Feel From The South Lin	ne and <u>660</u> Feet From	The West
	Line of Section 24 To	wnship <u>17-S</u> Range 3	36-Е , ММРМ,	Lea County
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS Address (Give address to which appro	ved copy of this form is to be sent)
	Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas 🕱 or Dry Gas 🗍 Phillips Petroleum Company <b>GPM Gas Corporation</b>		P.O. Box 1510, Mid. EFFECTIVE: February 1, 199 oh 4th & Washington, 0	und copy of this form is to be sent) Odessa, TX 79760
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. E 24 17-S 36-E	is gas actually connected? Wh E Yes	10-25-69
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:     COMPLETION DATA    Designate Type of Completion - (X)    Date Spudded    Date Compl. Ready to Prod.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
			l	
V.	NEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)    NI. WFIL  able for this depth or be for full 24 hours)			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, ras lij	i, etc.)
	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred. During Test	Oil-Bbls.	Water-Bbls,	Gas-MCF
1		L	J	J
ſ	GAS WELL Actual Front Tent-MCF/D	Longth of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Nothed (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify thet the rules and re Commission have been complied w above is true and complete to the	ith and that the information given		Origo Signed by Jerry Section
-	District Engineer		TITLE  Disc 1, Survey    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 1. II. III, and VI for changes of owner, well neme or number, or transporter, or other such change of conditional Separate 1 orms C-104 must be filed for each pool in multiply completed wells.	
	12-21-77			

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