

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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NO. OF COPIES DESIRED	
DISTRIBUTION	
DATA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
OPERATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Southland Royalty Company

Address
P. O. Box 4289, Farmington, NM 87499

Reasons for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinhead Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease name <u>Arizona Jicarilla B</u>	Well No. <u>4A</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State (Federal) or Fee <u>Jic Cont</u>	Lease <u>151</u>
Location				
Unit Letter <u>E</u>	<u>1450</u>	Feet From The <u>North</u>	Line and <u>1030</u>	Feet From The <u>West</u>
Line of Section <u>4</u>	Township <u>26N</u>	Range <u>5W</u>	NMPM, <u>Rio Arriba</u> Co.	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Meridian Oil Inc.</u>	<u>P. O. Box 1599, Aztec, NM 87410</u>
Name of Authorized Transporter of Casinhead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Gas Company of New Mexico</u>	<u>P. O. Box 1899, Bloomfield, NM 87413</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
	<u>E 4 26N 5W</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED AUG 15 1986
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 3

[Signature]
(Signature)
Drilling Clerk
(Title)
9-1-86
(Date)

AUG 15 1986
OIL CON. DIV.
DIST. 3

This form is to be filed in compliance with RULE 1106.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev. tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.