

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER           | OIL |
|                       | GAS |
| OPERATOR              |     |
| OPERATION OFFICE      |     |

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

RECEIVED

MAY 27 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
OIL CON. DIV.  
DIST. 3

I. Operator  
Southland Royalty Company

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

Reasons for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |   |
|--|---------------|--|---|
| Lease name<br>Whitley  | Well No.<br>7 | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State (Federal) or Fee<br>NM 02294 |
| Location<br>Unit Letter <u>K</u> : <u>1750</u> Feet From The <u>South</u> Line and <u>1550</u> Feet From The <u>West</u> |               |  |   |
| Line of Section <u>9</u> Township <u>27N</u> Range <u>9W</u> NMPM. San Juan  |               |  |   |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Meridian Oil Inc.                    | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1599, Aztec, NM 87410      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Southern Union Gathering Co. | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1899, Bloomfield, NM 87413 |
| If well produces oil or liquids, give location of tanks.<br>Unit : <u>K</u> ; Sec. : <u>9</u> ; Twp. : <u>27N</u> ; Rge. : <u>9W</u>                     | Is gas actually connected? ; when  |

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.

Deann Durb  
(Signature)  
Drilling Clerk  
(Title)  
6-1-86  
(Date)

OIL CONSERVATION DIVISION  
APPROVED MAY 27 1986  
BY Frank J. [Signature]  
SUPERVISOR DISTRICT # 3

This form is to be filled in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or de- well, this form must be accompanied by a tabulation of the de- tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for able 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 con- Separate Forms C-104 must be filled for each pool in m- completed wells.

**IV. COMPLETION DATA**

| Designate Type of Completion - (X)   |                             | Oil well        | Gas well  | New well | Workover     | Deepen       | Plug back         | Same hole, Dil. |
|--------------------------------------|-----------------------------|-----------------|-----------|----------|--------------|--------------|-------------------|-----------------|
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Cost      |           |          | P.A.T.D.     |              |                   |                 |
| Elevations (DF, RKB, RT, CR, etc.)   | Name of Producing Formation | Top Oil/Gas Pay |           |          | Tubing Depth |              |                   |                 |
| Perforations                         |                             |                 |           |          |              |              | Depth Casing shoe |                 |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |           |          |              |              |                   |                 |
| HOLE SIZE                            | CASING & TUBING SIZE        |                 | DEPTH SET |          |              | SACKS CEMENT |                   |                 |
|                                      |                             |                 |           |          |              |              |                   |                 |
|                                      |                             |                 |           |          |              |              |                   |                 |
|                                      |                             |                 |           |          |              |              |                   |                 |

**V. 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 to able for this depth or be for full 24 hours)*

|                                |                 |  |            |
|--------------------------------|-----------------|--|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                              | Chase size |
| Actual Prod. During Test       | Oil - bbls.     | Water - bbls.                                | Gas - MCF  |

**GAS WELL**

|                                 |                             |                             |                       |
|---------------------------------|-----------------------------|-----------------------------|-----------------------|
| Actual Prod. Test - MCF/D       | Length of Test              | Bbls. Condensate/100MCF     | Gravity of Condensate |
| Testing Method (plug, back pr.) | Tubing Pressure (Start-End) | Casing Pressure (Start-End) | Chase Size            |