## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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BANTA PE				
PILE	L			
V.S.Ø.A.				
LAGO 077168				
TRAMPORTER	<b>ON.</b>			
	8 44			
OPERATOR				
PROBATION OFFICE				

Revised 10-01-78 

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

Form C-104

PROBATION OFFICE		<b></b>		AND			;•		
1.	AUTHORI	ZATION	TO TRANS	PORT OF	L AND NATI	JRAL GAS			
Operator						11.07			
Southland Royalty C	ompany								
Address									
PO Box 4289, Farmin	gton, N	IM 87	499						
leason(s) for filing (Check proper box)					Other (Pleas	ie explain)			
New Yoll	Change in	Transporter	r of:		1.				
Recompletion	<u></u> ou		<u>X</u> :	y Ges					
Change in Ownership	Cestne	pheed Gas		ondens ete	1				
change of ownership give name									
nd address of previous owner									
LOSS NAMES	Well No.	Pool Name.	including (	ormation		Kind of Lease		Legae No	
wman A	6	Fulcher	Kutz I	icture	d Cliff	State, Federal or Fee	SF 065546	À	
ora lea				<del></del>		<u>.}</u>		<del></del>	
J 2305		Sou		_	644	Feet From The	East		
Unit Letter		The		ne and					
19 Line of Section Towns	28N		Range	10W	, NMPI	San Jua:	n	County	
Meridian Oil Inc.			PO Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)  PO Box 4289, Bloomfield, NM 87413						
If well preduces oil or liquids, give leastion of lance.	il9	28N	Rge. 10W	_L	ctually connéc				
this production is commingled with to				Eive com	mingling orde	er number:			
7. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION						
hereby certify that the rules and regulations een complied with and that the information g by knowledge and belief.	of the Oil Con	nservation D i complete t	ivision have o the best of	APPR	0VED	3.1. ch		9	
	•			TITLE	F	SUPERVISION DI	STRICT # 3		
				1	his form is t	o be filed in complian	ice with RULE	1104.	
Drilling Clerk	7)	<del> </del>		well, t	this form mul	quest for allowable for it be accompanied by well in accordance w	a tabulation of with AULE 111.	the deviati	
May 15, 1987 (Tule)	<del></del>		,	able e	n new and re	f this form must be fill recompleted wells.			
(Date)				well of	Fill out only Sections I. II. III. and VI for changes of owned well name or number, or transporter or other such change of conditions.				