

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LABOR OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
OPERATION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-83
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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)
☐ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casingshead Gas
☒ Dry Gas
☒ Condensate
Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease name Cain	Well No. 10	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee SF 080781
Location Unit Letter <u>M</u> : <u>920</u> Feet From The <u>South</u> Line and <u>1060</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>28N</u> Range <u>10W</u> NMPM, <u>San Juan</u> Co.			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1599, Aztec, NM 87410
Name of Authorized Transporter of Casingshead Gas ☐ or Dry Gas ☒ Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>15</u> Twp. <u>28N</u> Rge. <u>10W</u>	Is gas actually connected? <u>when</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 19
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 9

This form is to be filed in compliance with RULE 1104.
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 a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of cond.

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

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