STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAGO OFFICE			
TRAMPORTER	ON.		
	8 46		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION

SANTA FE, NEW MEXICO 87501

Form C-104

REQUEST FOR ALLOWABLE

I. AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS	
Operator 1 December Company		
Southland Royalty Company		
PO Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:		
	ry Ges	
If change of ownership give name		
and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE	·	
McClanahan Well No. Pool Name, Including F Aztec Pictured	cliffs State, Federal or Fee SF 079634	
Location E 1490 North Unit Letter Feet From The Lir	1150 West	
13 28N	10W San Juan	
Line of Section Township Range	, NMPM, County	
Meridian Oil Inc. Name of Authorized Transporter of Casinghedd Gas or Dry Gas unterna Gas Gathering Co. If well produces oil or liquids, E ,13 ,28N ,10W	PO Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413 is gas actually connected? when	
If this production is commingled with that from any other lesse or pool,	give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION	
	ARROUGE A	
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	Smr. Cham	
my knowledge and belief.	SUPERVISION DISTRICT # S	
	TITLE	
	This form is to be filed in compliance with AULE 1104.	
Igan a val	If this is a request for allowable for a newly drilled or despend	
Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.	
(Tule)	All sections of this form must be filled out completely for allerable on new and recompleted wells.	
May 15, 1987	Fill out only Sections I. II. III. and VI for changes of owner	
(Dete)	well name or number, or transported or other such change of condition Separate Forms C-104 must be filled for each pool in multip	
	completed wells.	