## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

|                  |      | _        |  |  |  |
|------------------|------|----------|--|--|--|
|                  |      |          |  |  |  |
| 0167 A IU UT 10W |      | $\Gamma$ |  |  |  |
| BANTA FE         |      |          |  |  |  |
| FILE             |      |          |  |  |  |
| V.1.4.4.         |      |          |  |  |  |
| LAMP OFFICE      |      |          |  |  |  |
| TRAMPPORTER      | OHL. |          |  |  |  |
|                  | 846  |          |  |  |  |
| OPERATOR         |      |          |  |  |  |
| PROBATION OF     |      |          |  |  |  |

## 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| PROBATION OFFICE   | AUTHORIZAT                              | TION TO TRANS        | SPORT OIL      | JTAN DNA                               | IRAL GÁS                                     |                                       |                |  |
|--|---|----------------------|----------------|--|--|---------------------------------------|----------------|--|
| Southland Royalty C  | ompany                                  | <del></del>          | - <del> </del> | <del></del> -                          |  |                                       |                |  |
| Address  | *                                       |                      |                |  | <del> /</del>                                | <u> </u>                              |                |  |
| PO Box 4289, Farmin  | gton, NM                                | 87499                |                |  |  |                                       |                |  |
| Reason(s) for filing (Check proper box)  New Woll                    | Change in Tran                          |                      |                | Other (Pleas                           | e explain)                                   |                                       |                |  |
| Resembletion   | Oil Oil                                 |                      | ory Ges        |  |  |                                       |                |  |
| Change in Ownership  | Casinghoo                               | <b>74</b>            | Condensate     | •                                      |  |                                       |                |  |
|  |   |                      |                | <del></del>                            |  |                                       |                |  |
| If change of ownership give name and address of previous owner       |   |                      |                |  | •  |                                       |                |  |
| II DESCRIPTION OF WELL AND I   | FACE                                    |                      |                |  |  |                                       |                |  |
| II. DESCRIPTION OF WELL AND I  |   | Name, including !    | ormation       |  | Kind of Lesse                                | NT 00561                              | Legse No.      |  |
| renier B   | 3E Blai                                 | nco Mesa Ve          | erae           |  | State, Federal or Fe                         | NM 03561                              | 2,0250 (15)    |  |
| Location J 1530  |   | South                | 15:            | 30                                     |  | East                                  | وحبيدة البراية |  |
| Unit Letter  | Feet From The                           | L1                   | ne and         |  | Feet From The                                |                                       |                |  |
| 5  | 29N                                     | _                    | 10W            |  | San Ju                                       | an                                    |                |  |
| Line of Section Township   | · ·                                     | Range                |                | , NMPM                                 | •  |                                       | County         |  |
| III. DESIGNATION OF TRANSPOR   | TER OF OIL A                            | ND NATURA            | L GAS          |  |  |                                       |                |  |
| Name of Authorized Transporter of Cil                                | or Condens                              |                      | Address (C     |  | o which approved co                          |                                       |                |  |
| Meridian Oil Inc.  |   |                      |                |  | , Farmingt                                   |                                       |                |  |
| Name of Authorized Fransporer of Casing<br>unterra Gas Gathering Co. |   | Dry Gas              | Address (C     | Box 189                                | Bloomfield                                   | ", °M" 87413"                         | be sens)       |  |
| If well produces oil or liquids, give location of tanks.             | ut Sec. 5                               | 29N 10W              | is gas ect     | ally connecte                          | d? When                                      | ودره مطعم مسعورين                     |                |  |
| If this production is commingled with the                            | at from any other                       | er lease or pool,    | Eive commi     | ngling order                           | number:                                      |                                       |                |  |
| NOTE: Complete Parts IV and V or                                     | n reverse side it                       | necessary.           |                |  |  |                                       |                |  |
|  | , |                      | 11             | <b>-</b>                               |  |                                       |                |  |
| VI. CERTIFICATE OF COMPLIANCE  |   |                      |                | OIL CONSERVATION DIVISION JUN 2 2 1987 |  |                                       |                |  |
| I hereby certify that the rules and regulations of                   |   |                      | APPRO          | VED                                    | JUN AA D                                     | 30/<br>                               | a              |  |
| been complied with and that the information gi                       | ven is true and com                     | plete to the best of |                | -3                                     | mes The                                      |                                       |                |  |
| my knowledge and belief.   |   |                      | BY             |  |  |                                       | <del></del>    |  |
|  |   | ,                    | TITLE.         | SUI                                    | ERVISION DIS                                 | TRICT # 3                             |                |  |
| f = f = f = f = f  |   |                      | Thi            | form is to                             | be filed in complic                          | nce with nuce                         | 104.           |  |
| Mening Lonk  |   |                      | 11             |  | est for allowable f                          |                                       |                |  |
| Drilling Clerk   | <b>)</b>                                |                      |                |  | be accompanied by<br>rell in accordance      |                                       | he deviation   |  |
| (Tule)   |   |                      |                |  | this form must be f                          |                                       | ly for allow   |  |
| May 15, 1987   | ***.                                    |                      |                |  | ompleted wells.                              | A 100 For 1                           |                |  |
| (Date)   |   | <del></del>          | well nam       | e ot unmpet<br>ent outh 2              | ections I, II, III, o<br>or transporter or o | ing VI for change<br>ther such change | of condition   |  |
|  |   |                      |                | rate Forms                             | C-104 must be fl                             |                                       |                |  |