STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P. D. SOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 05-01-83

REQUEST FOR ALLOWABLE AND

JUN 22 1937

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AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Southland Royalty Company PO Box 4289, Farmington, NM Reason(s) for filing (Check proper box) Other (Please explain) New Yell Reconsistion Oil Dry Ges Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE Leese Name Pool Name, including Formation Kind of Lease 3E Staté, Federal or Fee Jooper Basin Dakota SF 078813 1810 Feet From The South Line and 860 East Feet From The Line of Section 6 29N Township Rangir 11W San Juan NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent) Meridian Oil Inc. PO Box 4289, Farmington, NM 87499 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas unterra Gas Gathering Co. P. O. Box 1899, Bloomfield, NM 87413 Unit is gas actually connected? If well produces all or liquids, When give location of tanks. **129N**

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NOTE: Complete Parts IV and V on reverse side if necessary.

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If this production is commingled with that from any other lesse or pool, give comminging order number:

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.

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Dri	illin	g Cler	(Signature) k	
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OIL CONSERVATION APPROVED

SUPERVISION DISTRICT # 3 TITLE _

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.