

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

NO. OF FORMS RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

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

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 one)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease name <u>Hale</u>	Well No. <u>1A</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State (Federal) or Fee <u>SF 079037</u>	Lease
Location				
Unit Letter <u>J</u>	<u>1800</u>	Feet From The <u>South</u>	Line and <u>1825</u>	Feet From The <u>East</u>
Line of Section <u>27</u>	Township <u>31N</u>	Range <u>8W</u>	N.M.P.M.	San Juan Co.

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Meridian Oil Inc.</u>	<u>P. O. Box 1599, Aztec, NM 87410</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 4289, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit : <u>J</u> , Sec. : <u>27</u> , Twp. : <u>31N</u> , Rge. : <u>8W</u> , is gas actually connected? <u>  </u> when <u>  </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.

Jerry Cook  
(Signature)  
Drilling Clerk  
(Title)  
9-1-86  
(Date)

RECEIVED  
AUG 15 1986  
OIL CONSERVATION DIV.

OIL CONSERVATION DIVISION

APPROVED AUG 15 1986  
BY Frank [Signature]  
SUPERVISOR DISTRICT # 8

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 devt. tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for sale on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in mult. completed wells.