STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

| | | \top | | |
|------------------|-----|--------|---|--|
| DISTRIGUTION | | | T | |
| | 1 | 1 | | |
| PILE | | | | |
| V.1.G.4. | | 1 | | |
| LANG OFFICE | | 1 | 1 | |
| ********* | OIL | | | |
| | 944 | i | 1 | |
| 9PEA4700 | | 1 | | |
| PROBATION OFFICE | | | | |

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

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

il name or number, or transporter, or other such change of condi Separate Forms C-104 must be filed for each pool in mult

REQUEST FOR ALLOWABLE

| PAGEATION OFFICE | AND | | |
|--|---|--|--|
| • | AUTHORIZATION TO TRA | MSFORT OIL AND NATURAL GAS | |
| Operator . | • | | |
| Southland Royalty Con | many | es. | |
| 44*** | npetity . | | |
| P. O. Box 4289, Farm | ington. NM 87499 | · · | |
| essents) for filing (Check proper eas) | | Other (Picase explain) | |
| New Well | Change in Transporter of: | | |
| Recompletion | ou | Dry Ges | |
| Change in Ownership | Casingheed Gas X | Condensate | |
| change of ownership give name | | | |
| 1 eddress of previous owner | | | |
| DESCRIPTION OF WELL AND | | | |
| rese Memo | Well No. Pool Name, including | | |
| √ye | 3A Blanco Mesa | Verde State (Federal) or Fee SF 078198 | |
| earieu . | | | |
| Unit Letter P : 800 | Feet From The South | Line and 800 Feet From The East | |
| • | | | |
| Line of Section Towns | htp 30N Range | llW , _{ммрм,} San Juan | |
| outhern Union Gathering | | P. O. Box 1899, Bloomfield, NM 87413 | |
| e location of lants. | Alt Sec. Twp. Rge. P 1 30N 11 | Is gas actually connected? , when | |
| is production is commingled with t | | i, give commingling order number: | |
| TE: Complete Parts IV and V o | n reverse side if necessary. | | |
| CERTIFICATE OF COMPLIANC | F ' | OIL CONSERVATION DIVISION | |
| | | NUO 1 7 500G | |
| eby certify that the rules and regulations | of the Oil Conservation Division have | APPROVED AUG A5 THE | |
| complied with and that the information gi | ven is true and complete to the best of | | |
| • | | BY Since I want | |
| | | TITLE SUPERVISOR DISTRICT 報 3 | |
| | | | |
| May Joak | | This form is to be filed in compliance with MULE 1104 | |
| (Signature) | Ma | If this is a request for allowable for a nawly drilled or d well, this form must be accompanied by a tabulation of the d | |
| Drilling (| Ved E P P . | tests taken on the well in accordance with RULE 111. | |
| (Tille) | | All sections of this form must be filled out completely for able on new and recompleted wells. | |
| 9-1-86 | ON THE PRESENTE | 17 T | |
| (Date) | AUGICI | Fill out only Sections I. II. III, and VI for changes of | |