#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| 9167 R ID UT 1000     | T_     |     |
| BANTA PE              |        | 111 |
| PILE                  |        |     |
| U.S.G.D.              | Ŧ      |     |
| LAMO OFFICE           |        | 33. |
| TRAMPORTER OIL        |        | X2. |
| CAG                   |        |     |
| OPERATOR              | $\bot$ |     |
| PROBATION OFFICE      | 1      | L   |

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 08-01-83

REQUEST FOR ALLOWABLE

| OPERATOR  |                     |  | Al              | ND Q                | /·   |                                       |              |
|---|---------------------|--|-----------------|---------------------|--|---------------------------------------|--------------|
| AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS                                      |                     |  |                 |                     |  |                                       |              |
| <u>I</u>  |                     |  |                 | <del>,</del>        | <u> </u>   |                                       |              |
| Operator  | -                   |  |                 | •                   |  |                                       |              |
| Southland Royalt  | y Company           |  |                 |                     |  |                                       |              |
| Address   | _                   |  | •               |                     |  |                                       |              |
| PO Box 4289, Far  | mington,            | NM 8749  | 9               |                     |  |                                       |              |
| Reason(s) for filing (Check proper b  | 05)                 |  | •               | Other (F            | Please explain)  |                                       |              |
| New Well  | Change is           | n Transporter of:  | _               |                     |  |                                       |              |
| Recompletion  | OII                 |  | X Dr            | r*Ges               |  |                                       |              |
| Change in Ownership   | Cesi                | Ingh <b>ead</b> Gas  | c.              | ndens ste           |  |                                       |              |
|   |                     |  |                 |                     |  |                                       |              |
| If change of ownership give name  |                     |  |                 |                     | •  |                                       |              |
| and address of previous owner   |                     |  |                 |                     |  |                                       |              |
| II. DESCRIPTION OF WELL A   | ND LEASE            |  |                 |                     |  |                                       |              |
| Leese Name  | Well No.            | Pool Name, inc   |                 |                     | Kind of Lease  |                                       | Lease No     |
| renier  | 6                   | Aztec Pic  | tured           | Cliffs              | State, Federal or Fe                                   | • SF 078115                           |              |
| Location  |                     |  |                 |                     |  |                                       |              |
| K 165   | O Fact Fre          | South  | i ine           | 1650                | Feet From The  | West                                  |              |
| Unit Letter   |                     |  |                 | ****                |  |                                       |              |
| Line of Section 20  | Township 311        | N Ra   | Inge            | 11W                 | NMPM. San Ju   | an                                    | County       |
|   | •                   | <del></del>  |                 |                     |  |                                       |              |
| III. DESIGNATION OF TRAN  | SPORTER OF          | OII. AND NA  | TURAL           | GAS                 |  |                                       |              |
| Name of Authorized Transporter of   | 311 of C            | ondensate X  |                 | Azeross (Give add   | ress to which approved cos                             | py of this form is to t               | e sentj      |
| Meridian Oil Inc.   |                     | PO Box 4289, Farmington, NM 87499  |                 |                     |  |                                       |              |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas                         |                     | Address (Give address to which approved copy of this form is to be sent) |                 |                     |  |                                       |              |
| unterra Gas Gathering   |                     | _  |                 | P. O. Box           | 1899, Bloomfield                                       | , NM 87413                            |              |
|   | Unit Sec            | Twp.   | Rge.            | is gas actually cor | nnected? When  |                                       |              |
| If well produces oil or liquids, give location of tanks.                            | K 20                |  | 11W             |                     | · ( )  | The state of the second second second |              |
| *   |                     |  |                 |                     | 4  |                                       |              |
| If this production is commingled  | with that from an   | sy other lesse   | or pool, (      | give commingling    | order number:  |                                       |              |
| NOTE: Complete Parts IV and   | d V on reverse :    | side if necessar   | Γγ.             |                     |  |                                       |              |
|   |                     | ,  | ,<br>I          | 1                   |  |                                       |              |
| VI. CERTIFICATE OF COMPLIANCE   |                     | ) O  | IL CONSERVATION |                     |  |                                       |              |
| JUN 2 2   |                     |  | 2 1987          | _                   |  |                                       |              |
| I hereby certify that the rules and regul<br>been complied with and that the inform | ations of the Oil C | onservation Divisi   | on nave         | APPROVED_           |  | <del></del>                           | <i>'</i>     |
| my knowledge and belief.  | mon given is true 2 | na complete to the   | e best or       | BY                  | 3:1)   | Vacant                                |              |
|   |                     |  | ł               | J                   |  | 8                                     |              |
|   |                     |  | <b>]</b>        | TITLE               | SUPERVISION  | DISTRICT # 3                          | <u> </u>     |
|   |                     | •  | l l             |                     | is to be filed in compli                               |                                       | 104          |
| Same ( la   | - d                 |  | l               |                     |  |                                       |              |
| BU  | esture)             |  |                 | well, this form     | request for allowable f<br>must be accompanied b       | y a tabulation of t                   | he deviati   |
| Drilling Clerk  |                     |  |                 | tests taken on      | the well in accordance                                 | WITH AULE 111.                        |              |
|   | (ile)               |  |                 | All section         | se of this form must be i                              | illied out complete                   | ly for alla  |
| May 15, 1987  | /                   |  | ·               |                     | d recompleted wells.                                   |                                       |              |
| <del></del>   | Date)               |  |                 | Fill out of         | hly Sections I, II, III.<br>Imber, or transporten or c | end VI for change<br>                 | of condition |
| 14  | ·                   |  | 18              | ~ 440 Habita at Ha  |  |                                       |              |

#### STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

| DD. 00 10045 HE  | **** |  |  |
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| 0167 R IB UT I   | Des  |  |  |
| BANTA PE         |      |  |  |
| PILE             |      |  |  |
| V.S.G.S.         |      |  |  |
| LANG OFFICE      |      |  |  |
| TRANSPORTER      | OIL  |  |  |
| 14200-041-04     | 848  |  |  |
| OPERATOR         |      |  |  |
| 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

# REQUEST FOR ALLOWABLE

| PROMATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  I.   |   |  |  |  |  |
|---|---|--|--|--|--|
| Southland Royalty Company   |   |  |  |  |  |
| PO Box 4289, Farmington, NM 87499   |   |  |  |  |  |
| Reason(s) for filing (Check proper box)  Change in Transporter of:  | Other (Please explain)  |  |  |  |  |
| Recompletion OII X Dry  | y Ges   |  |  |  |  |
| Crimps in Contrastity   | ·   |  |  |  |  |
| If change of ownership give name and address of previous owner  |   |  |  |  |  |
| II. DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, Including Fo   | ormation   Kind of Lease   Lease No.  |  |  |  |  |
| renier 6 Blanco Mesa Ver  | de Stete, Federal or Fee SF 078115  |  |  |  |  |
| Location K 1650 South   | 1650 West   |  |  |  |  |
| 20 31N  | 11W San Juan NMPM. County   |  |  |  |  |
| Citie of Section  |   |  |  |  |  |
| Name of Authorized Transporter of Oil or Condensate   | Aggress (Give address to which approved copy of this form is to be sent)  |  |  |  |  |
| Meridian Oil Inc.   | PO Box 4289, Farmington, NM 87499  Address (Gwe address to which approped copy of this (of marie of the sens) P. Box 1899, Bloomfield, NM 87413 |  |  |  |  |
| unterra Gas Gathering Co.   |   |  |  |  |  |
| if well produces oil or liquide. K , 20 3IN 11W give location of idnks.   | 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.   | и   |  |  |  |  |
| VI. CERTIFICATE OF COMPLIANCE   | OIL CONSERVATION DIVISION   |  |  |  |  |
| 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 | APPROVED  |  |  |  |  |
| my knowledge and belief.  | BY - Book Stand   |  |  |  |  |
|   | TITLE SUPERVISION DISTRICT # 3  |  |  |  |  |
| Some Locale   | This form is to be filed in compliance with RULE 1904.  If this is a request for allowable for a newly drilled or deepens                       |  |  |  |  |
| Drilling Clerk  | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.                       |  |  |  |  |
| May 15, 1987  | All sections of this form must be filled out completely for allow able on new and recompleted wells.  |  |  |  |  |
| (Older)   | 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            |  |  |  |  |
| Misson Misson   | Separate Forms C-104 must be flied for each pool in multiple completed wells.   |  |  |  |  |