

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PERMITS OFFICE	

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

Operator Southland Royalty Company		
Address P. O. Box 4289, Farmington, NM 87499		
Reasons for filing (Check proper box)		Other (Please explain)
☐ New Well	Change in Transporter oil:	
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☒ Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease name Thompson	Well No. 10	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State (Federal) or Fee NM 01614
Location Unit Letter E ; 1650 Feet From The North Line and 990 Feet From The West Line of Section 27 Township 31N Range 12W , NMPM, San Juan Co.			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1599, Aztec, NM 87410
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Southern Union Gathering Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit : E ; Sec. : 27 ; Twp. : 31N ; Rge. : 12W ; Is gas actually connected? ☐ when _____

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.

OIL CONSERVATION DIVISION

AUG 15 1986

APPROVED _____
BY *Frank J. [Signature]*
TITLE _____ SUPERVISOR DISTRICT # _____

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 dev. tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

Drilling Clerk

(Title)

9-1-86

(Date)

RECEIVED
AUG 15 1986
OIL CON. DIV.
DIST. 3