

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|---------------------|--|
| NO. OF TONGUE DECKS | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | <input type="checkbox"/> OIL <input type="checkbox"/> GAS |
| OPERATOR | |
| PERMITS 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

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 box)
☐ New Well
☐ Recombination
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ casinghead Gas
☐ Dry Gas
☒ Condensate
 Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|---|---|--------------------|
| Lease Name Pierce | Well No. 1A | Pool Name, including Formation Blanco Mesa Verde | Kind of Lease State/ Federal/ or Fee | Lease SF 078134 |
| Location Unit Letter <u>O</u> : <u>1020</u> Feet From The <u>South</u> Line and <u>1455</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>31N</u> Range <u>10W</u> , NMPM. 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"/> 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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 <u>O</u> Sec. <u>30</u> Twp. <u>31N</u> Rge. <u>10W</u> | 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.

Peggy Oak
(Signature)
Drilling Clerk
(Title)
9-1-86
(Date)
RECEIVED
AUG 15 1986
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION

APPROVED AUG 15 1986 19
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 9

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 a able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of on well name or number, or transporter, or other such change of condi
Separate Forms C-104 must be filed for each pool in mul cated wells.