

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| PRODUCTION OFFICE      |     |

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 06-01-73  
**RECEIVED**  
DEC 30 1988  
OIL CON. DIV.  
DIST. 3

|                                                                                                                            |                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br><b>Southland Royalty</b>                                                                                       |                                                                                                                                                                                                                             |
| Address<br><b>P.O. BOX 4289, FARMINGTON, NM 87499</b>                                                                      |                                                                                                                                                                                                                             |
| Reason(s) for filing (Check proper box)                                                                                    | Other (Please explain)                                                                                                                                                                                                      |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate<br><b>POOL NAME &amp; DEDICATION CHANGE</b> |

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

II. DESCRIPTION OF WELL AND LEASE

|                                 |                        |                                                               |                                         |                               |
|---------------------------------|------------------------|---------------------------------------------------------------|-----------------------------------------|-------------------------------|
| Lease Name<br><b>Hudson Com</b> | Well No.<br><b>200</b> | Pool Name, including Formation<br><b>BASIN FRUITLAND COAL</b> | Kind of Lease<br>State, Federal or Free | Lease No.<br><b>SF-078134</b> |
| Location                        |                        |                                                               |                                         |                               |
| Unit Letter<br><b>M</b>         | <b>845</b>             | Feet From The <b>South</b> Line and                           | <b>960</b>                              | Feet From The <b>West</b>     |
| Line of Section<br><b>17</b>    | Township<br><b>31N</b> | Range<br><b>10W</b>                                           | County<br><b>San Juan</b>               | County                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                         |                                                                                                                        |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil _____ or Condensate _____         | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. BOX 4289, FARMINGTON, NM 87499</b> |
| Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas _____ | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. BOX 4289, FARMINGTON, NM 87499</b> |
| If well produces oil or liquids, give location of tanks.                | Is gas actually connected? _____                                                                                       |
| Unit<br><b>M</b>                                                        | Sec.<br><b>17</b>                                                                                                      |
| Twp.<br><b>31N</b>                                                      | Rge.<br><b>10W</b>                                                                                                     |

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.

  
(Signature)  
**REGULATORY AFFAIRS**  
(Title)  
**DECEMBER 27, 1988**  
(Date)

OIL CONSERVATION DIVISION  
**DEC 30 1988**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Burt D. [illegible]**  
TITLE **SUPERVISION DISTRICT #8**

This form is to be filed in compliance with RULE 110A.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well 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 multi-completed wells.