

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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 PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Pool name change</u> <u>R-8069</u>	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		
	<input type="checkbox"/> Dry Gas		
	<input type="checkbox"/> Condensate		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hubbard</u>	Well No. <u>7</u> Pool Name, including Formation <u>Undesignated Fruitland Sand</u>	Kind of Lease State, Federal or Fee <u>SF078312</u>
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>32N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> 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"/>	Address (Give address to which approved copy of this form is to be sent.) <u>PO BOX 4289, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.) <u>PO BOX 1899, Bloomfield, NM 87413</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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.

Regulatory Affairs

(Title)

April 11, 1989

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 14 1989, 19 _____

BY [Signature]

TITLE SUPERVISION DISTRICT # 3

This form is to be filled 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 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 filled for each pool in multi-completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-121
Effective 1-4-95

All distances must be from the outer boundaries of the Section.

Operator Southland Royalty Company		Lease Hubbard		Well No. 7	
Unit Letter M	Section 11	Township 32N	Range 12W	County San Juan	
Actual Footage Location of Well: 790 feet from the South line and 790 feet from the West line					
Ground Level Elev: 6136' GL	Producing Formation Fruitland Sand		Pool Undesignated	Dedicated Acreage 168.5 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name: Peggy Bradfield

Position: Regulatory Affairs

Company: Southland Royalty Co.

Date: April 11, 1989

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed: _____

Registered Professional Engineer and/or Land Surveyor: _____

Certificate No. _____

