STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** (*** *******					
DISTRIBUTION					
LANTA PE		1			
FILE		1			
v.1.6.4.		_			
LANG OFFICE		_	<u> </u>		
TRANSPORTER	014				
	GAS				
OPERATOR					
PROBATION OFF					

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

Operator			_ ,		
Southland Royalty Company					
Address Southfaild Royalty Company	<u>/</u>				• •
P.O. Drawer 570, Farming	ton Nov Maudaa	07400			
Resson(s) for filing (Check proper bax)	on, New Mexico	87499	······································		• ;
New Well	Change Torre		Other (Please	explain)	
Recompletion	Change in Transporter of:	□		1	↑ [\$] 4
Change in Ownership	OII	Dry Gas		∵	
Change in Coursell	Casinghead Gas	Candensate			
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LE	ASP				
Lease Name	Well No. Pool Name, Inc.	uding Formation		Kind of Lease	
Davis Federal	1 Gavilan	Pictured C1	iffe	State, Federal or Fee Feder	Lease Vo.
Location		i icourca cr	1115	Feder	<u>al NM-43751</u>
Unit Letter M - 1055	Feet From The South		700		
		Cine and	7 90	Feet From The West	
Line of Section 10 Township	25N Ran	. 2W	, NMPM,	Rio Arriba	
			, NMPM,	KIO ATTIDA	Caunty
III. DESIGNATION OF TRANSPORT	ER OF OIL AND MAT	TIRAL CAS			
Name of Authorized Transporter of Off	or Condensate	Andress (Give address id	which approved copy of this fol	TR 17 (0 00 1001)
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14 10 DE SENI)
Name of Authorized Transporter of Casinghed	ad Gas 🗀 or Ory Gas 🗇	XX Address (Give address :	which approved copy of this for	VIII 15 (0 00 cont)
El Paso Natural Gas Compa	nv	4			·
If well produces oil or liquids, Unit		qe. Is gas det	tugily connected	armington, New Mexi	co 87499
give location of tanks.			•	1	
I this production is commingled with that	from any other lease or	2001 71110 5000			
			ungling order	number:	
NOTE: Complete Parts IV and V on i	reverse side if necessary.	•			_ _
VI. CERTIFICATE OF COMPLIANCE			0" 00		
T. CERTIFICATE OF COMPLIANCE			UIL CL	NSERVATION DIVISION	1
hereby certify that the rules and regulations of t	ne Oil Conservation Division	have APPRO	NER	<u> </u>	4
seen complied with and that the information giver	is true and complete to the b	est of	, v = 0	1 10	,
ny knowledge and belief.		BY		ranked. Java	•
				SUPERVISOR DISPLICE	# 3
	1	TITLE			· ·
	11111	Thi	s form is to b	e filed in compliance with	BIIL # 1104
(Signature)	THE COLUMN	If th	his is a reque	at for allowable for a name.	detited on a control of
Secretary	$\mathcal{O}(\mathcal{O})$		is idin musi :	oe accompanied by a tabulati	
(Title)		— All	sections of th	ils form must be filled out on	
10/17/84		-510 011	HAM THE LACE	mpleted wells.	
(Date)		Fill well nam	out only get	ctions I, II, III, and VI for or transporter, or other such c.	changes of owner,
		(4			BERGE Of Bondis
		Sepa	srate Forms (C-104 must be filed for each	nange of condition. In pool in multiply