

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION 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

APR 14 1989
OIL CON. DIV
DIST. 2

I. Operator: Meridian Oil

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)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Pool name change
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<u>R-2964</u>
	<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>Nye</u>	Well No. <u>12</u>	Pool Name, including Formation <u>Aztec Fruitland Sand</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease <u>SF 078197</u>
Location Unit Letter <u>F</u> : <u>1800</u> Feet From The <u>North</u> Line and <u>1500</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>29N</u> Range <u>10W</u> , NMPM, <u>San Juan</u>				

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>Meridian Oil Inc.</u>	<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>El Paso Natural Gas Company</u>	<u>PO Box 4990 , Farmington, NM 87499</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 (Signature)

(Title)

April 11, 1989

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 14 1989, 19

BY [Signature]

TITLE SUPERVISION DISTRICT # 2

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 devt 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 oil well name or number, or transporter, or other such change of cond:

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

NEW MEXICO OIL CONSERVATION COMMISSION
 WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-
 Superse-
 Effective

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

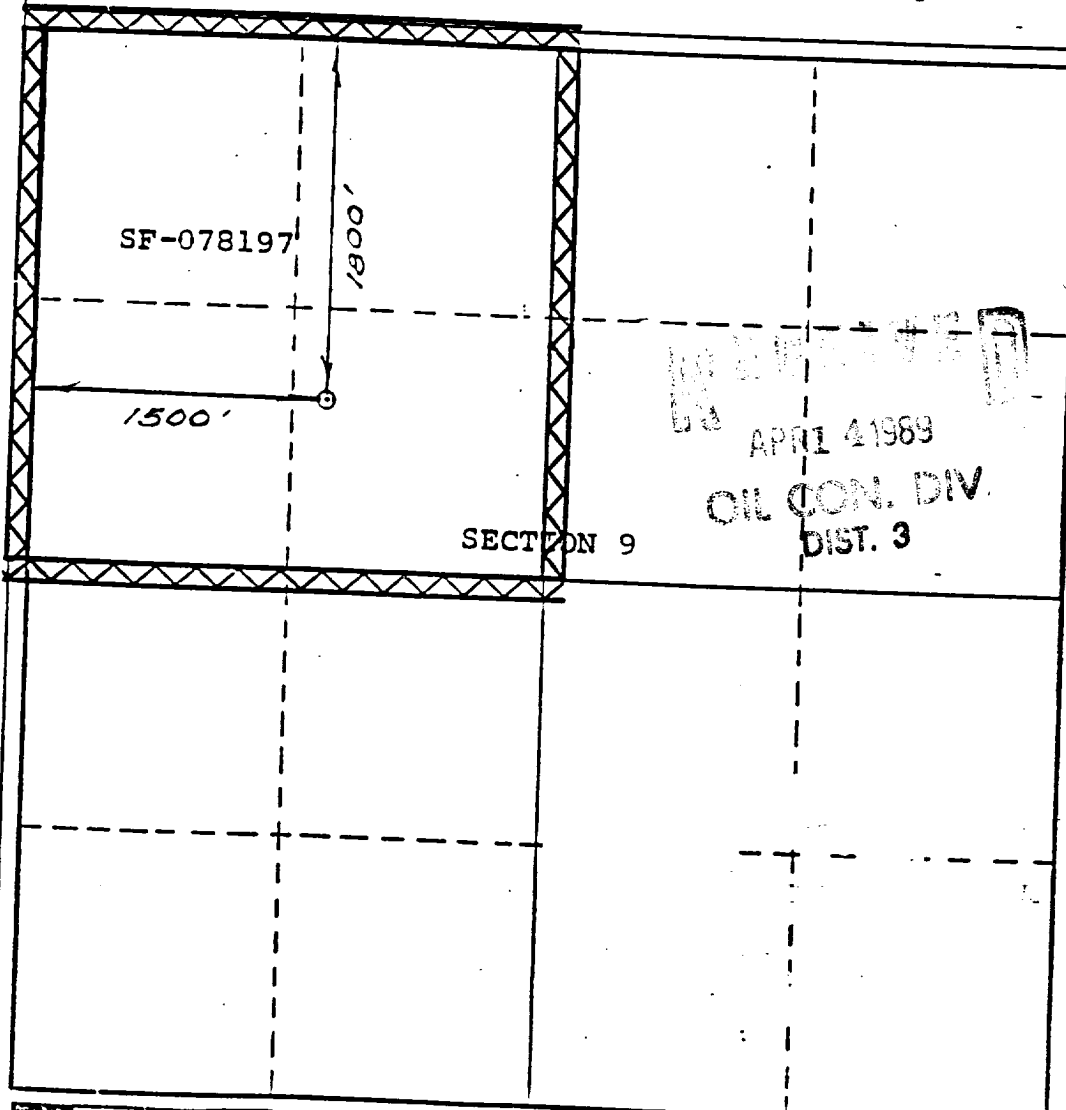
Operator <i>Southland Royalty Company</i>			Lease NYE (SF-078197)		Well No. 12
Unit Letter F	Section 9	Township 29-N	Range 10-W	County SAN JUAN	
Actual Footage Location of Well: 1800 feet from the NORTH line and 1500 feet from the WEST line			Dedicated Acreage: 159.54		
Ground Level Elev. 5780	Producing Formation Fruitland Sand	Pool Aztec Fruitland			

1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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 well 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, force-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.

Peggy Bradfield
 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 notes of actual surveys made by me under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
 JULY 16, 1974

Registered Professional Engineer
 and/or Land Surveyor

[Signature]