STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

| | - |
|-----------------|---|
| DISTRIBUTION | 1 |
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| PILE | |
| U.1.0.4. | |
| LA40 0 / PICS | |
| TRANSPORTER OIL | |
| 048 | |
| 0P4847 dah | |
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P. O. BOX 2088 SANTA FE. NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

| GAS I | | RALLOWABLE | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------|---------------------------|----------------------------------------------------|
| PRESETUDE OFFICE | | ND | IDAL CAS | |
| 1 | LUTHORIZATION TO TRANSI | PURT UIL AND NATE | KAL UAS | |
| Operated | • | | | |
| Southland Royalty Compan | ıy | | | |
| Accres | | • | | |
| P. O. Box 4289, Farmingt | on, NM 87499 | | | |
| Resemblies filing (Check proper see) | | Other (Pices | e espianj | |
| New Woll | Change in Transporter els | | | |
| Recompletion _ | | y Gee | | |
| Change in Ownership | Cestneheed Ges X Ce | andensete | | |
| If change of ownership give name | | | | e Service |
| and address of previous owner | | | | |
| | CP | | | |
| II. DESCRIPTION OF WELL AND LEA | Well No. Pool Name, Including Fo | ormation | Kind of Lease | Lease |
| Richardson | 4 Blanco Mesa V | erde | State (Federal) or Fee | SF 077651 |
| Location | | | | 77. a.b. |
| Unit Letter F: 1650 | Feet From The North Lin | • and165Q . | Feet From The | west |
| | | | Con Tuo | |
| Line of Section 10 Township | 31N Range | 12W , NMPA | . Sali Sua | Il Co. |
| Meridian Oil Inc. Name of Authorized Transporter of Costagnost Southern Union Gathering Co. If well produces oil or liquids. Give location of tones. | | 1 ' | 99, Bloomfield, | NM 87413 |
| If this production is commingled with that | from any other lease or pool. | give commingling orde | r number: | |
| | | _ | | |
| NOTE: Complete Parts IV and V on re | everse side if necessary. | (1 | | |
| VI. CERTIFICATE OF COMPILANCE | , | Oir c | CNSERVATION DI | VISION |
| | | | Aille | <u> </u> |
| I hereby certify that the rules and regulations of the been complied with and that the information given | he Oil Conservation Division have | APPROVED | | |
| my knowledge and belief. | is true and complete | 97 | Drank . | Xave / |
| | | | SUPERVISO | R DISTOCT 第3 |
| | | TITLE | | |
| 1000 | İ | | be filed in compliant | |
| May Joak To | | If this is a req | uset for allowable for | a nawly drilled or deep tabulation of the devi- |
| ا رويد ان ا | CEINE | tests taken on the | well in accordance wi | th AULE 111. |
| | 77 5 | All sections of | this form must be full | ed out completely for al |
| 9-1-86 A | 16. | able on new and re | | VI for changes of or |
| (Est) a | 15 1986 W | well name or numbe | r, or transporter or othe | is each chaude of cougr |
| TOIL (| ON. DU | | s. C-104 must be filed | for each pool in mul |
| · f | Carly, Dr. | completed wells. | | |