STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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PROBATION 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

Separate Forms C-104 must be filed for each pool in mult

PAGNATION OFFICE	AUTHORIZATION TO TRAN	AND ISPORT OIL AND NATI	JRAL GAS		
Southland Royalty Comp	any			g*/	
P. O. Box 4289, Farmin	gton, NM 87499				
Reasons for tiling (Check proper box)	Change in Transporter els	Other (Pleas	e espiam)		
Recompletion Change in Ownership		Dry Ges Condensate			
If change of ownership give name and address of previous owner				· · · ·	
II. DESCRIPTION OF WELL AND LE	EASE			,	
Louis Name	Well No. Foot Name, including	·	Kind of Lease	Legae	
Davis	2A Blanco Mesa V	verde	State, Federal or Fee	SF 077648	
Unit Letter B : 800	Feet From The North	1820 .	Feet From The	East	
Line of Section 11 Township	31N Range	12W NMPM	. San Jua	n Cay	
Mene of Authorized Transporter of Cil	DER OF OIL AND NATURA	L GAS			
Meridian Oil Inc.	1	P. O. Box 1599, Aztec, NM 37410			
Name of Authorised Transporter of Casingne Southern Union Gathering Co		•	9, Bloomfield,	NM 87413	
If well produces oil or liquids, give location of tanks.		is das actually connects	a? When		
If this production is commingled with the	t 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			ONSERVATION DI	Vicion	
			ALIC	4000	
I hereby certify that the rules and regulations of the been complied with and that the information gives	APPROVED	AUC			
my knowledge and belief.		8Y	Drank).	Javez	
		TITLE	SUPERVISOR DISTRICTOR S		
(Lan ()	,	This form is to	be filed in complianc	• WITH RULE 1104.	
Signey & Joak	If this is a request for allowable for a nawly drilled or daed well, this form must be accompanied by a tabulation of the devi-				
Drilling CV	ark & A to	lests taken on the w	ell in accordance wil	AULE 111.	
(Tile) = 9-1-86	able on new and rec	impleted wells.	d out completely for al		
(Dele)	Fill out only 3e well name or number.	ctions I, II, III, and or transporter, or other	VI for changes of em		