

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

RECEIVED

AUG 29 1985

OIL CON. DIV.

DIST. 3

Effective 7-01-85

Operator
Southland Royalty Company
Address
P. O. Drawer 570, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

- ☐ New Well
☐ Recompletion
☒ Change in Ownership

Change in Transporter of:

- ☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner Oxoco Exploration & Production, Inc., 4900 Woodway Dr., Ste 600, Houston, TX 77056

II. DESCRIPTION OF WELL AND LEASE

Lease Name Trail Canyon	Well No. 2	Pool Name, Including Formation Trail Canyon Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM-33055
Location Unit Letter <u>H</u> : <u>1560</u> Feet From The <u>North</u> Line and <u>830</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>32N</u> Range <u>8W</u> , NMPM. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rqs. Is gas actually connected? When TA on 10-01-84

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.

Ethel J. Grayson
(Signature)

Secretary
(Title)

8-29-85

(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature] AUG 29 1985
BY [Signature]
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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