

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**SOUTHLAND ROYALTY COMPANY**

Address  
P.O. BOX 4289, FARMINGTON, NM 87499

Reason(s) for filing (Check proper box)      Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	POOL NAME & DEDICATION CHANGE
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinthead Gas	<input type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>TRAIL CANYON</b>	Well No. <b>100</b>	Pool Name, including Formation <b>BASIN FRUITLAND COAL</b>	Kind of Lease State, Federal or Fee	Lease No. <b>NM-33054</b>
Location Unit Letter <b>I</b> : <b>1790</b> Feet From The <b>South</b> Line and <b>810</b> <del>790</del> Feet From The <b>East</b>				
Line of Section <b>7</b> Township <b>32N</b> Range <b>8W</b> NMPM. <b>San Juan</b> County				

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)
<del>MEYER OIL CO.</del>	<del>P.O. BOX 4289, FARMINGTON, NM 87499</del>
Name of Authorized Transporter of Casinthead 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)
<del>EL PASO NATURAL GAS COMPANY</del>	<b>P.O. BOX 4990, FARMINGTON, NM 87499</b>
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  
(Title)

DECEMBER 27, 1988  
(Date)

OIL CONSERVATION DIVISION  
**JAN - 3 1989**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY

TITLE **SUPERVISION DISTRICT # 8**

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 deviat tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.