STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SAMTA PE	
PILE	
U.S.B.B.	
LAMO OFFICE	
TRAMPORTER OIL	
846	
OPERATOR	

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

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

REQUEST FOR ALLOWARIE

PREMATION OFFICE AUTHORIZATION TO THE	AND COMPAND AND NATURAL GAS OF THE PROPERTY OF
Operator	
Southland Royalty Company	·
PO Box 4289, Farmington, NM 87499	
Rosson(s) for filing (Cheek proper box)	Other (Pirase explain)
New Weil Change in Transporter el:	₹7
Recompletion Oil Chance in Ownership Casinghead Gas	Condensate
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, include	
angum I Fulcher Kut	tz Pictured Cliff Stere, Fodoret & Fod Fee
Unit Letter I 2310 Feet From The South	Line andFeet From TheEast
Line of Section 29 Township 29N Range	11W Com Town
Care of Section (section)	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATI	URAL GAS Aggress (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc. Address (Give address to which approved copy of this form is to be s PO Box 4289, Farmington, NM 8749	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	
unterra Gas Gathering Co.	P.O. Box 1899, Bloomfield, NM 87413
If well preduces oil or liquide, Unit Sec. Two. Require location of tanks.	· · · · · · · · · · · · · · · · · · ·
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.	
I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION	
JIIN 20 1007	
I hereby certify that the rules and regulations of the Oil Conservation Division been complied with and that the information given is true and complete to the be	
my knowledge and belief.	8Y
	TITLE SUPERVISION DESCRIPT # 8
	This form is to be filed in compliance with RULE 1104.
- light Stak	If this is a request for allowable for a newly drilled or despens
Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.
May 15, 1987 (Tule)	All sections of this form must be filled out completely for aller able on new and recompleted wells.
(Dese)	Fill out only Sections I. II. III. and VI for changes of owne well name or number, or transportes or other such change of condition
	Separate Forms C-104 must be filed for each pool in multip.