

Case No. 9950

or  
hearing

Received 10/10/89

Revised 11/9/89

W. J. Lemay & Co. OK

Case No. 9811

AMS.

Southland Royalty Co.

10 Meridian Blvd.

P.O. Box 4289

Farmington, NM 87499-4289

ATTENTION:

Peggy Randolph

ADMINISTRATIVE ORDER NSP-

DEAR Mr. Randolph:

on behalf of Southland Royalty Company

REFERENCE IS MADE TO YOUR APPLICATION OF October 10, 1988  
FOR A 375.07-ACRE NON-STANDARD gas PRORATION UNIT  
CONSISTING OF THE FOLLOWING ACREAGE IN THE Ames Frontland Coal Gas  
POOL:

SAN JUAN COUNTY, NEW MEXICO  
TOWNSHIP 32 NORTH, RANGE 3 WEST, NMPM  
SECTION 8: D-1

IT IS MY UNDERSTANDING THAT THIS UNIT IS TO BE DEDICATED TO YOUR  
Tenit Canyon Well No. 161 which is located TO BE DRILLED AT A previous and  
one-thousand coal gas WELL LOCATION, 1850 FEET FROM THE South LINE AND 850  
FEET FROM THE East LINE (UNIT I) OF SAID SECTION 8.

BY AUTHORITY GRANTED ME UNDER THE PROVISIONS OF Rule 6 of the Special Rules and  
THE ABOVE NON-STANDARD GAS PRORATION UNIT IS HEREBY APPROVED.

SINCERELY,

WILLIAM J. LEMAY  
DIRECTOR

WJL/MES/AG

CC: OIL CONSERVATION DIVISION - D-100  
NM OIL AND GAS ENGINEERING COMMITTEE - HOBBS  
W. J. Lemay

Regulations  
for the Basin  
Frontland Coal  
Gas Pool, as promulgated  
by said Order No.  
R-8768.

*Southland Royalty Co. 10/10/89*

**MERIDIAN OIL**

*Received  
10/10/89*

October 6, 1989

Mr. William LeMay  
New Mexico Oil Conservation Division  
Post Office Box 2088  
Santa Fe, New Mexico 87504

Dear Mr. LeMay:

This is a request for administrative approval for a non-standard proration unit for a gas well location in the Basin Fruitland Coal Pool.

Southland Royalty Company Trail Canyon #101 is located at 1850' from the South line and 850' from the East line of Section 8, T-32-N, R-8-W, San Juan County, New Mexico.

A copy of this application is being submitted to all offset owners/operators by certified mail with a request that they furnish your Santa Fe office with a Waiver of Objection, and return one copy to this office.

A plat showing the proposed well location and configuration of Section 8, along with an ownership plat, are attached.

Sincerely yours,

Peggy Bradfield

encl.

WAIVER

\_\_\_\_\_ hereby waives objection to Southland Royalty Company's application for a non-standard proration unit for their Trail Canyon #101 as proposed above.

By: \_\_\_\_\_

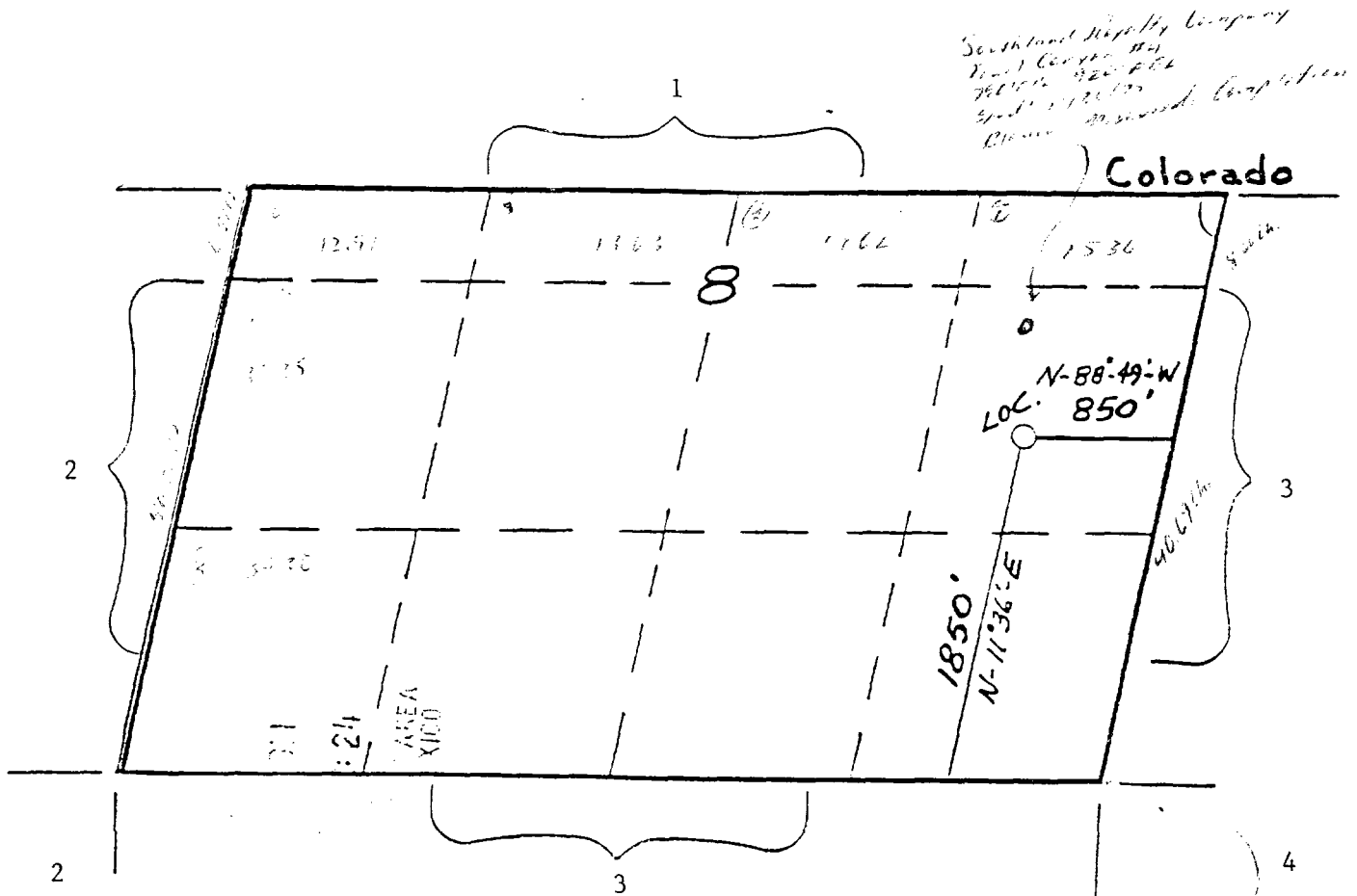
Date: \_\_\_\_\_

xc: Arco Oil & Gas  
✓ Speerex Limited Partnership  
✓ Northwest Pipeline Corp  
Southern Union Exploration

Well Name Trail Canyon #101

## APPLICATION FOR NON-STANDARD PRORATION UNIT

County San Juan State New Mexico Section 8 Township 32N Range 8W



Remarks 1) Arco Oil & Gas Company - W.I.O.

2) Southland Royalty Company - W.I.O.

Speerex Limited Partnership - W.I.O.

3) San Juan 32-8 Unit - Northwest Pipeline Corp. - Operator

4) Southern Union Exploration - Operator

# MERIDIAN OIL

October 6, 1989

Mr. William LeMay  
New Mexico Oil Conservation Division  
Post Office Box 2088  
Santa Fe, New Mexico 87504

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Sincerely yours,

Peggy Bradfield

encl.

## WAIVER

N.W. PIPELINE hereby waives objection to Southland Royalty Company's application for a non-standard proration unit for their Trail Canyon #101 as proposed above.

By: Paul C. Thompson

Date: 10/9/89

xc: Arco Oil & Gas  
Speerex Limited Partnership  
Northwest Pipeline Corp  
Southern Union Exploration

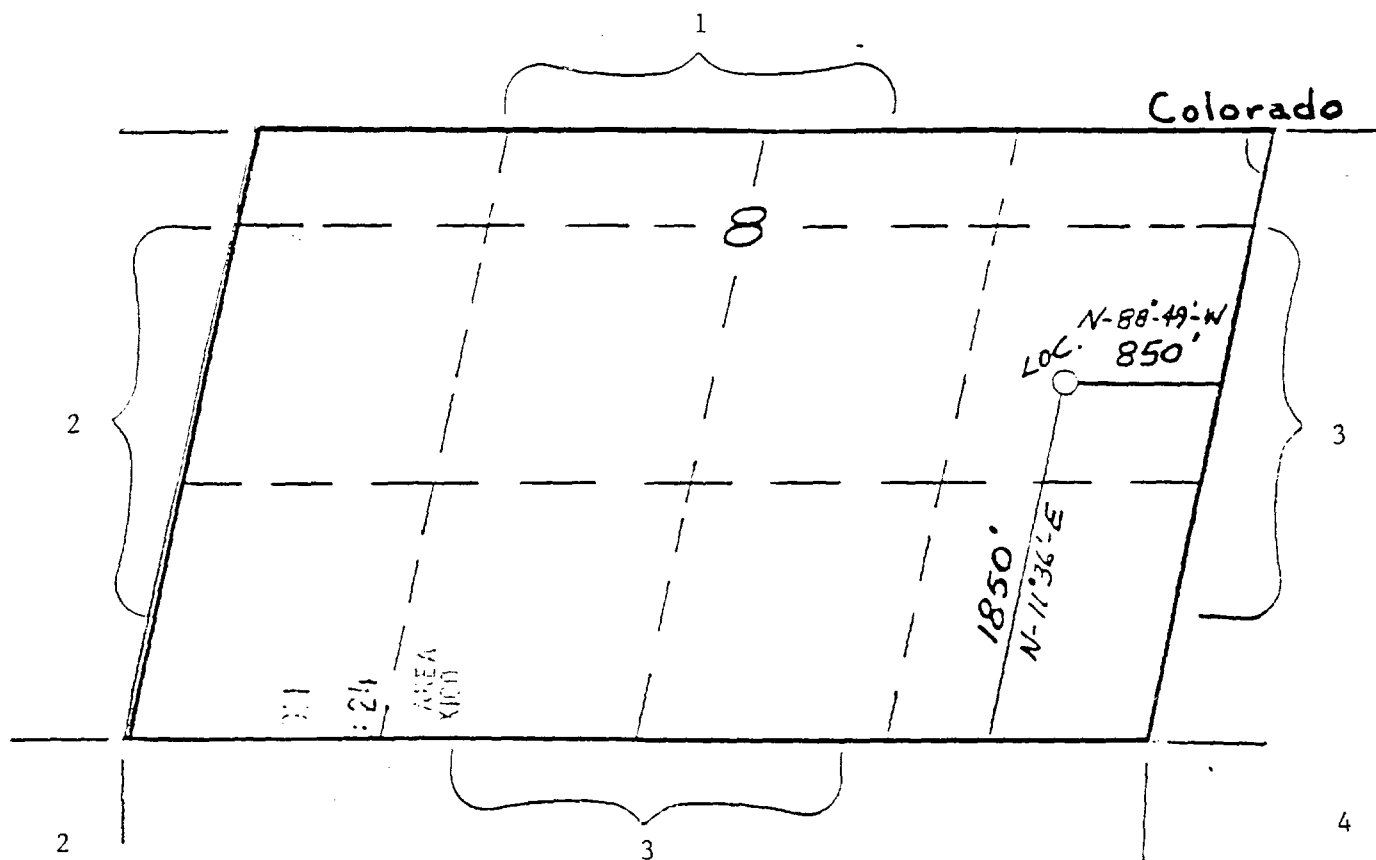
SOUTHLAND ROYALTY COMPANY

Well Name Trail Canyon #101

Footage 1850' FSL: 850' FEL

APPLICATION FOR NON-STANDARD PRORATION UNIT

County San Juan State New Mexico Section 8 Township 32N Range 8W



Remarks 1) Arco Oil & Gas Company - W.I.O.  
2) Southland Royalty Company - W.I.O.  
Speerex Limited Partnership - W.I.O.  
3) San Juan 32-8 Unit - Northwest Pipeline Corp. - Operator  
4) Southern Union Exploration - Operator

# MERIDIAN OIL

October 6, 1989

Mr. William LeMay  
New Mexico Oil Conservation Division  
Post Office Box 2088  
Santa Fe, New Mexico 87504

Dear Mr. LeMay:

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A copy of this application is being submitted to all offset owners/operators by certified mail with a request that they furnish your Santa Fe office with a Waiver of Objection, and return one copy to this office.

A plat showing the proposed well location and configuration of Section 8, along with an ownership plat, are attached.

Sincerely yours,

Peggy Bradfield

encl.

## WAIVER

Speerex Ltd. hereby waives objection to Southland Royalty Company's application for a non-standard proration unit for their Trail Canyon #101 as proposed above.

By: William R. Speer,  
General Partner

Date: 10/10/89

xc: Arco Oil & Gas  
Speerex Limited Partnership  
Northwest Pipeline Corp  
Southern Union Exploration

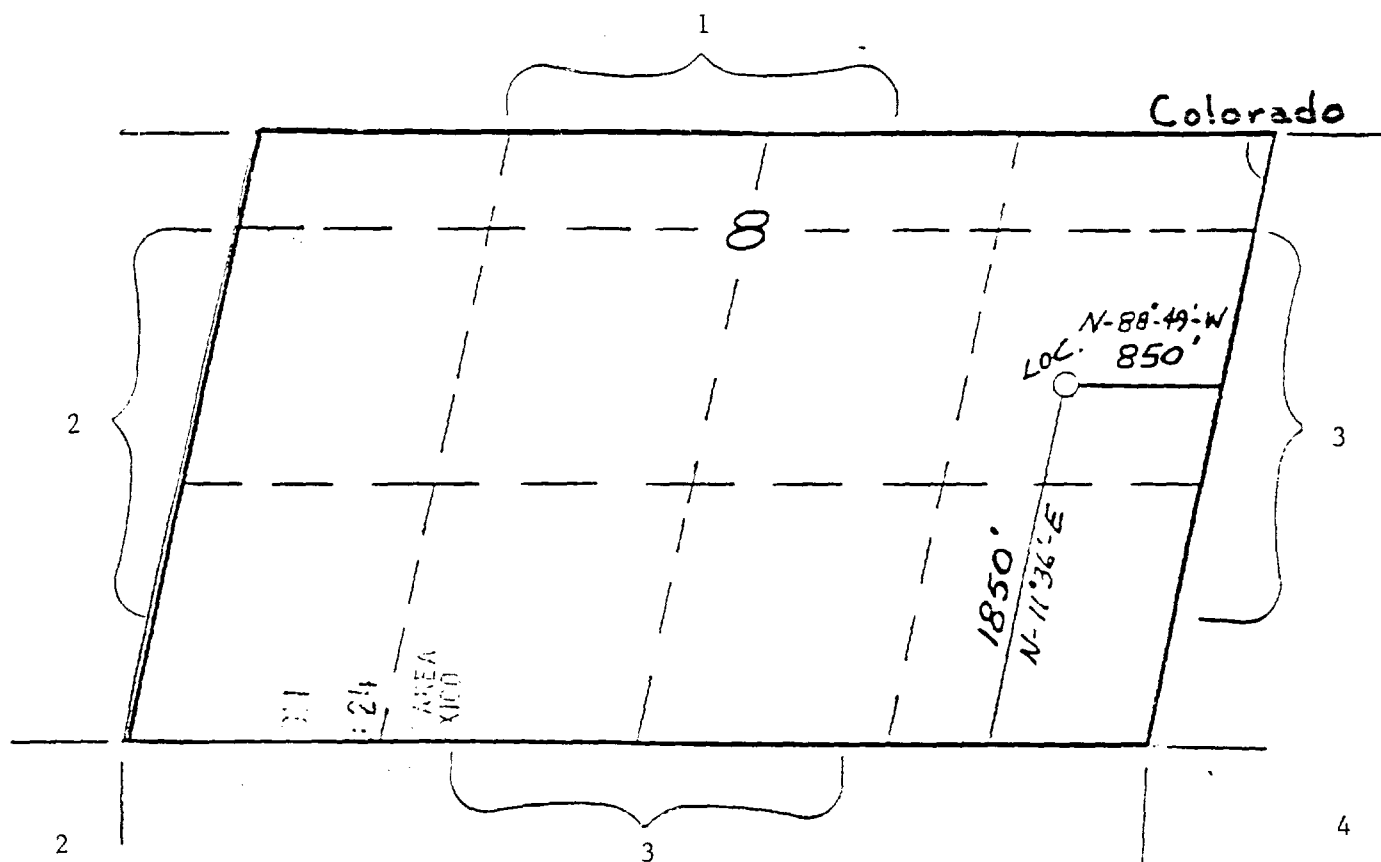
SOUTHLAND ROYALTY COMPANY

Well Name Trail Canyon #101

Footage 1850' FSL; 850' FEL

APPLICATION FOR NON-STANDARD PRORATION UNIT

County San Juan State New Mexico Section 8 Township 32N Range 8E



- Remarks
- 1) Arco Oil & Gas Company - W.I.O.
  - 2) Southland Royalty Company - W.I.O.  
Speerex Limited Partnership - W.I.O.
  - 3) San Juan 32-8 Unit - Northwest Pipeline Corp. - Operator
  - 4) Southern Union Exploration - Operator

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |     |
|------------------------|-----|
| NO. OF COPIES RECEIVED |     |
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| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| PRODUCTION OFFICE      |     |

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

RECEIVED  
DEC 30 1988  
OIL CON. DIV.  
DIST. 3

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)

|                                              |                                         |                                     |
|----------------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Well            | Change in Transporter of:               | <input type="checkbox"/> Dry Gas    |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas |                                     |

Other (Please explain)  
POOL NAME & DEDICATION CHANGE

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                               |                 |                                                        |                                        |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------|----------------------------------------|-----------------------|
| Lease Name<br>TRAIL CANYON                                                                                                                                                                                    | Well No.<br>101 | Pool Name, including Formation<br>BASIN FRUITLAND COAL | Kind of Lease<br>State, Federal or Fee | Lease No.<br>NM-33054 |
| Location<br>Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>850</u> Feet From The <u>East</u><br>Line of Section <u>8</u> Township <u>32N</u> Range <u>8W</u> NMPM, San Juan 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) |
| MERIDIAN OIL INC.                                                                                                        | P.O. BOX 4289, FARMINGTON, NM 87499                                      |
| Name of Authorized Transporter of Casinghead 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) |
| EL PASO NATURAL GAS COMPANY                                                                                              | P.O. BOX 4990, FARMINGTON, NM 87499                                      |
| If well produces oil or liquids, give location of tanks.                                                                 | 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.

  
(Signature)  
REGULATORY AFFAIRS  
(Title)  
DECEMBER 27, 1988  
(Date)

OIL CONSERVATION DIVISION  
DEC 30 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Burt D. Chapp  
TITLE SUPERVISION 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 deep well, this form must be accompanied by a tabulation of the device 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 condition.

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

AUG 10 1989  
OIL CONSERVATION DIV.  
SANTA FE



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*

Form approved.  
Budget Bureau No. 1004-0137  
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

|                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                            |                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1A. TYPE OF WELL:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                      |                                                                      | 11. FIELD AND POOL OR WILDCAT<br>Basin Fruitland Coal                                                                                                                                      |                                                      |
| B. TYPE OF COMPLETION:<br>NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> REPAIR <input type="checkbox"/> Other <input type="checkbox"/>                                                          |                                                                      | 12. COUNTY OR PARISH<br>San Juan                                                                                                                                                           |                                                      |
| 2. NAME OF OPERATOR<br>Southland Royalty Company                                                                                                                                                                                                                                                     |                                                                      | 13. STATE<br>NM                                                                                                                                                                            |                                                      |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 4289, Farmington, NM 87499                                                                                                                                                                                                                                        |                                                                      | 14. PERMIT NO. 3 DATE ISSUED                                                                                                                                                               |                                                      |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)<br>At surface 1850'S, 850'E<br>At top prod. interval reported below<br>At total depth                                                                                                                    |                                                                      | 15. DATE SPUDDED 10-13-88<br>16. DATE T.D. REACHED 10-22-88<br>17. DATE COMPL. (Ready to prod.) 10-24-88<br>18. ELEVATIONS (DP, RKB, RT, GR, ETC.)* 6730' GL<br>19. ELEV. CASINGHEAD 6730' |                                                      |
| 20. TOTAL DEPTH, MD & TVD 5389' KB<br>21. PLUG BACK T.D., MD & TVD<br>22. IF MULTIPLE COMPL., HOW MANY?<br>23. INTERVALS DRILLED BY<br>24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*<br>3275'-3387' (Fruitland Coal)<br>25. TYPE ELECTRIC AND OTHER LOGS RUN<br>None |                                                                      | 25. WAS DIRECTIONAL SURVEY MADE<br>No<br>26. WAS WELL CORDED<br>No                                                                                                                         |                                                      |
| 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                                                                                                   |                                                                      |                                                                                                                                                                                            |                                                      |
| CASING SIZE                                                                                                                                                                                                                                                                                          | WEIGHT, LB. FT.                                                      | DEPTH SET (MD)                                                                                                                                                                             | HOLE SIZE                                            |
| 9 5/8"                                                                                                                                                                                                                                                                                               | 52.3#                                                                | 237'                                                                                                                                                                                       | 12 1/4"                                              |
| 7"                                                                                                                                                                                                                                                                                                   | 20#                                                                  | 5281'                                                                                                                                                                                      | 8 3/4"                                               |
|                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                            | AMOUNT PULLED                                        |
|                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                            | 177 cf                                               |
|                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                            | 1093 cf                                              |
| 29. LINER RECORD                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                                                                                                                            |                                                      |
| SIZE                                                                                                                                                                                                                                                                                                 | TOP (MD)                                                             | BOTTOM (MD)                                                                                                                                                                                | SACKS CEMENT*                                        |
| 5 1/2"                                                                                                                                                                                                                                                                                               | 5225'                                                                | 5389'                                                                                                                                                                                      | Did Not Cement                                       |
| 30. TUBING RECORD                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                                                                                                                            |                                                      |
| SIZE                                                                                                                                                                                                                                                                                                 | DEPTH SET (MD)                                                       | PACKER SET (MD)                                                                                                                                                                            |                                                      |
| 2 3/8"                                                                                                                                                                                                                                                                                               | 3383'                                                                |                                                                                                                                                                                            |                                                      |
| 31. PERFORATION RECORD (Interval, size and number)                                                                                                                                                                                                                                                   |                                                                      |                                                                                                                                                                                            |                                                      |
| 3275'-3512'; 3515'-3545';<br>3347'-3387'; (Predrilled Liner).                                                                                                                                                                                                                                        |                                                                      |                                                                                                                                                                                            |                                                      |
| 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.                                                                                                                                                                                                                                                       |                                                                      |                                                                                                                                                                                            |                                                      |
| DEPTH INTERVAL (MD)                                                                                                                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                            |                                                      |
| AMOUNT AND KIND OF MATERIAL USED                                                                                                                                                                                                                                                                     |                                                                      |                                                                                                                                                                                            |                                                      |
| 33. PRODUCTION                                                                                                                                                                                                                                                                                       |                                                                      |                                                                                                                                                                                            |                                                      |
| DATE FIRST PRODUCTION                                                                                                                                                                                                                                                                                | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                                                                                                                                                                                            | WELL STATUS (Producing or shut-in)                   |
|                                                                                                                                                                                                                                                                                                      | Flowing-capable of comm HC; to be sold when connected                |                                                                                                                                                                                            | Shut-In-W.O.P.L.                                     |
| DATE OF TEST                                                                                                                                                                                                                                                                                         | HOURS TESTED                                                         | CHOKE SIZE                                                                                                                                                                                 | PROD'N. FOR TEST PERIOD                              |
|                                                                                                                                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                            | OIL—BSL. GAS—MCP. WATER—BSL. GAS-OIL RATIO           |
| FLOW. TUBING PRESS.                                                                                                                                                                                                                                                                                  | CASING PRESSURE                                                      | CALCULATED 24-HOUR RATE                                                                                                                                                                    | OIL—BSL. GAS—MCP. WATER—BSL. OIL GRAVITY-API (CORR.) |
| SI-1129                                                                                                                                                                                                                                                                                              | SI-1470                                                              |                                                                                                                                                                                            |                                                      |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)<br>To be sold BHP @ 1649                                                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                            |                                                      |
| 35. LIST OF ATTACHMENTS<br>None                                                                                                                                                                                                                                                                      |                                                                      |                                                                                                                                                                                            |                                                      |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.                                                                                                                                                                   |                                                                      |                                                                                                                                                                                            |                                                      |
| SIGNED <i>[Signature]</i>                                                                                                                                                                                                                                                                            |                                                                      | TITLE Regulatory Affairs                                                                                                                                                                   | BY <i>[Signature]</i> DATE APR 10 1989               |

\*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATES  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

|                                                                                                                                                      |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>                                     | 7. UNIT AGREEMENT NAME                                                      |
| 2. NAME OF OPERATOR<br>Southland Royalty Company                                                                                                     | 8. FARM OR LEASE NAME<br>Trail Canyon                                       |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 4289, Farmington, NM 87499                                                                                 | 9. WELL NO.<br>101                                                          |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 1850'S, 850'E | 10. FIELD AND POOL, OR WILDCAT<br>Undes Fruitland Coal                      |
| 14. PERMIT NO.                                                                                                                                       | 11. SEC., T., R., M., OR ALK. AND SURVEY OR AREA<br>Sec. 08, T-32-N, R-08-W |
| 15. ELEVATIONS (Show whether OF, RT, OR, etc.)<br>6730' GL                                                                                           | 12. COUNTY OR PARISH 13. STATE<br>N M P M<br>San Juan NM                    |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | POLE OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |                                               |

SUBSEQUENT REPORT OF:

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <input type="checkbox"/>               |                                          |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

10-23-88 TD 3389'. Ran 4 jts. 5 1/2", 23.0#, P-110 casing liner, 166' set @ 3389'. Float shoe set @ 3389'. Top of liner hanger @ 3224'. Did not cement.

RECEIVED  
MAY 03 1989  
OIL CON. DIV.  
DIST. 3  
RECEIVED  
NOV 07 1988  
OIL CON. DIV.  
SANTA FE

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]

TITLE Regulatory Affairs

DATE 10-26-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD  
DATE \_\_\_\_\_

NOV 02 1988

\*See Instructions on Reverse Side

FARMINGTON, NM

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

|                                                                                                                                                     |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> <input checked="" type="checkbox"/> OTHER                                    | 7. UNIT AGREEMENT NAME                                     |
| 2. NAME OF OPERATOR<br>Southland Royalty Company                                                                                                    | 8. FARM OR LEASE NAME<br>Trail Canyon                      |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 4289, Farmington, NM 87499                                                                                | 9. WELL NO.<br>101                                         |
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| 11. SEC., T., S., M., OR R.L. AND SURVEY OR AREA<br>Sec. 08, T-32-N, R-08-W<br>N.M.P.M.                                                             | 12. COUNTY OR PARISH<br>San Juan                           |
| 13. STATE<br>NM                                                                                                                                     |                                                            |
| 14. PERMIT NO.                                                                                                                                      | 15. ELEVATIONS (Show whether OF, BY, OR, etc.)<br>6730' GL |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PEEL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Spud Well

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

10-13-88 Spudded well at 2:30 pm 10-13-88. Drilled to 237'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 237'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.). circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

10-17-88 TD 3281'. Ran 76 jts. (7"), 20.0#, K-55 intermediate casing, 3268' set @ 3281'. Cemented with 500 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (975 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (110 cu.ft.). WOC 12 hours. Held 1200#/30 min. Circulated to surface.

9.45 cu.  
110  
10 85

SHOULD  
BE 112 cu.  
(MISREAD)

RECEIVED  
OCT 26 1988  
OIL CON. DIV.  
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Regulatory Affairs DATE 10-19-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NATMOC

UCL

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 1004-0115  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

|                                                                                                                                                      |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER                                     | 7. UNIT AGREEMENT NAME                                                            |
| 2. NAME OF OPERATOR<br>Southland Royalty Company                                                                                                     | 8. FARM OR LEASE NAME<br>Trail Canyon                                             |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 4289, Farmington, NM 87499                                                                                        | 9. WELL NO.<br>101                                                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 1850'S, 850'E | 10. FIELD AND POOL, OR WILDCAT<br>Basin Fruitland Coa                             |
| 14. PERMIT NO.                                                                                                                                       | 11. SEC., T., R., E., OR S.E., AND<br>SURVEY OR AREA<br>Sec. 8, T32N, R8W<br>NMPM |
| 15. ELEVATIONS (Show whether OF, TO, OR, etc.)<br>6730' GL                                                                                           | 12. COUNTY OR PARISH 13. STATE<br>San Juan NM                                     |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                              |                                               | SUBSEQUENT REPORT OF:                          |                                          |
|------------------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>         | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>              | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>            | ABANDON <input type="checkbox"/>              | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT <input type="checkbox"/>     |
| REPAIR WELL <input type="checkbox"/>                 | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               |                                          |
| (Other) Revision <input checked="" type="checkbox"/> |                                               |                                                |                                          |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Describe state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Attached is a copy of the C102 showing the revised pool & dedication.

RECEIVED  
COMM. DIV. ROOM  
88 DEC 28 PM 4:07  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
FEB 14 1983  
OIL CONSERVATION DIVISION  
SANTA FE

OIL CON. DIV  
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Regulatory Affairs DATE 12-22-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE JAN 17 1989

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCC

RECEIVED  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO  
12 4:07

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Hold C-104  
Form C-102  
Revised 10-1-71

All distances must be from the outer boundaries of the Section.

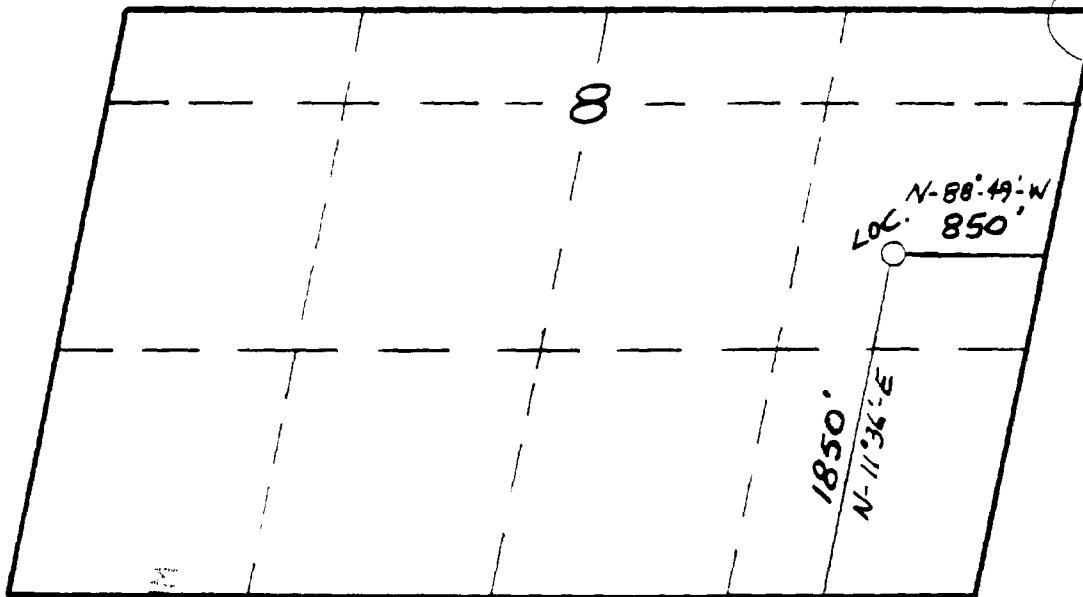
|                                       |                                       |                      |                                  |                    |     |                 |                                        |      |
|---------------------------------------|---------------------------------------|----------------------|----------------------------------|--------------------|-----|-----------------|----------------------------------------|------|
| Operator<br>Southland Royalty Company |                                       |                      | Lease<br>Trail Canyon (NM-33053) |                    |     | Well No.<br>101 |                                        |      |
| Unit Letter<br>I                      | Section<br>8                          | Township<br>32 North | Range<br>3 East                  | County<br>San Juan |     |                 |                                        |      |
| Actual Footage Location of Well:      |                                       |                      |                                  |                    |     |                 |                                        |      |
| 1850                                  |                                       | feet from the        | South                            | line and           | 350 | feet from the   | -85°                                   | line |
| Ground Level Elev.<br>6730            | Producing Formation<br>Fruitland Coal |                      |                                  | Pool<br>Basin      |     |                 | Dedicated Acreage:<br>320 375.44 Acres |      |

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*[Signature]*

Name  
Regulatory Affairs

Position  
Southland Royalty Co

Company  
12-22-88

Date

I hereby certify that the well location shown on this plat was plotted from the notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

*[Signature]*

Date Surveyed  
7-25-88

Registered Professional Engineer and/or Land Surveyor

Neale C. Edwards

Certificate No.  
6857

RECEIVED  
SANTA FE  
DEC 28 PM 11

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.  
Use "APPLICATION FOR PERMIT" (see each proposal.)

|                                                                                                                                                      |                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>                                     | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-33054                                        |
| 2. NAME OF OPERATOR<br>Southland Royalty Company                                                                                                     | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                                   |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 4289, Farmington, NM 87499                                                                                 | 7. UNIT AGREEMENT NAME                                                                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 1850'S, 850'E | 8. FARM OR LEASE NAME<br>Trail Canyon                                                  |
| 14. PERMIT NO.                                                                                                                                       | 9. WELL NO.<br>101                                                                     |
| 15. ELEVATIONS (Show whether OF, ST, GR, etc.)<br>6730'GL                                                                                            | 10. FIELD AND POOL, OR WILDCAT<br>Undes Fruitland Coal                                 |
|                                                                                                                                                      | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 08, T-32-N, R-08-W<br>N M P M |
|                                                                                                                                                      | 12. COUNTY OR PARISH<br>San Juan                                                       |
|                                                                                                                                                      | 13. STATE<br>NM                                                                        |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |                                               | SUBSEQUENT REPORT OF:                          |                                          |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <input type="checkbox"/>  | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               | (Other) <input type="checkbox"/>         |

(Other) Running Casing

(NOTE: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

10-23-88 TD 3389'. Ran 4 jts. 5 1/2", 23.0#, P-110 casing liner, 166' set @ 3389'. Float shoe set @ 3389'. Top of liner hanger @ 3224'. Did not cement.

RECEIVED  
OCT 27 PM 2:20  
FARMINGTON, NEW MEXICO

RECEIVED  
NOV 07 1988  
OIL CON. DIV.  
DIST. 2

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Regulatory Affairs DATE 10-26-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-33054

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Trail Canyon

9. WELL NO.

101

10. FIELD AND POOL, OR WILDCAT

Undes. Fruitland Coal

11. SEC., T., R., M., OR BLM. AND  
SURVEY OR AREA

Sec. 08, T-32-N, R-08-W

N.M.P.M.

12. COUNTY OR PARISH 13. STATE

San Juan

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ X OTHER

2. NAME OF OPERATOR

Southland Royalty Company

3. ADDRESS OF OPERATOR

Post Office Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface 1850'S, 850'E

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

6730' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PEEL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Spud Well

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.\*

10-13-88 Spudded well at 2:30 pm 10-13-88. Drilled to 237'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 237'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.). circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

10-17-88 TD 3281'. Ran 76 jts. 7", 20.0#, K-55 intermediate casing, 3268' set @ 3281'. Cemented with 500 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (975 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (110 cu.ft.). WOC 12 hours. Held 1200#/30 min. Circulated to surface.

RECEIVED

OCT 26 1988

OIL CON. DIV  
DIST

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Regulatory Affairs

DATE

10-19-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

|                                                                                                                                                                        |                |                                                                                |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------|---------------|
| 1a. TYPE OF WORK<br><b>DRILL</b> <input checked="" type="checkbox"/> <b>DEEPEN</b> <input type="checkbox"/> <b>PLUG BACK</b> <input type="checkbox"/>                  |                | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-33054                                |               |
| b. TYPE OF WELL<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                                       |                | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                           |               |
| 2. NAME OF OPERATOR<br>Southland Royalty Company                                                                                                                       |                | 7. UNIT AGREEMENT NAME                                                         |               |
| 3. ADDRESS OF OPERATOR<br>PO Box 4289, Farmington, NM 87499                                                                                                            |                | 8. FARM OR LEASE NAME<br>Trail Canyon                                          |               |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)<br>At surface: 1850'S, 850'E<br>At proposed prod. zone:                   |                | 9. WELL NO.<br>101                                                             |               |
| 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*<br>10 miles from Ignacio, CO                                                                     |                | 10. FIELD AND POOL, OR WILDCAT<br>Undes. Fruitland Coal                        |               |
| 15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any.)<br>850'                                         |                | 11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA<br>Sec. 8-T-32-N, R- 8-W NMMP |               |
| 16. NO. OF ACRES IN LEASE<br>375.07                                                                                                                                    |                | 12. COUNTY OR PARISH 13. STATE<br>San Juan NM                                  |               |
| 17. DISTANCE FROM PROPOSED* LOCATION TO NEAREST WELL, DRILLING COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.<br>790'                                                   |                | 18. NO. OF ACRES ASSIGNED TO THIS WELL<br>160.00                               |               |
| 19. PROPOSED DEPTH<br>3430'                                                                                                                                            |                | 20. ROTARY OR CABLE TOOLS<br>Rotary                                            |               |
| 21. ELEVATIONS (Show whether D.F., R.T., G.R., etc.)<br>6730' GL                                                                                                       |                | 22. APPROX. DATE WORK WILL START*                                              |               |
| 23. PROPOSED CASING AND CEMENTING PROGRAM<br>This action is subject to technical and procedural review pursuant to 43 CFR 3165.4 and appeal pursuant to 43 CFR 3165.4. |                |                                                                                |               |
| SIZE OF HOLE                                                                                                                                                           | SIZE OF CASING | WEIGHT PER FOOT                                                                | SETTING DEPTH |
| 12 1/4"                                                                                                                                                                | 9 5/8"         | 32.3#                                                                          | 200'          |
| 8 3/4"                                                                                                                                                                 | 7"             | 20.0#                                                                          | 3315'         |
| 6 1/4"                                                                                                                                                                 | 5 1/2" liner   | 23.0#                                                                          | 3430'         |

The Fruitland coal formation will be completed.

A 3000 psi WP and 6000 psi test double gate preventer equipped with blind and pipe rams will be used for blow out prevention on this well.

This gas is dedicated.

The SE/4 of Section 8 is dedicated to this well.

RECEIVED

SEP 26 1988

OIL CON. DIV  
DIST. 3

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED [Signature] TITLE Regulatory Affairs DATE 09-07-88

(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
AS AMENDED

SEP 20 1988

Robert Moore  
AREA MANAGER

NMOCC

\*See Instructions On Reverse Side



All distances must be from the outer boundaries of the Section.

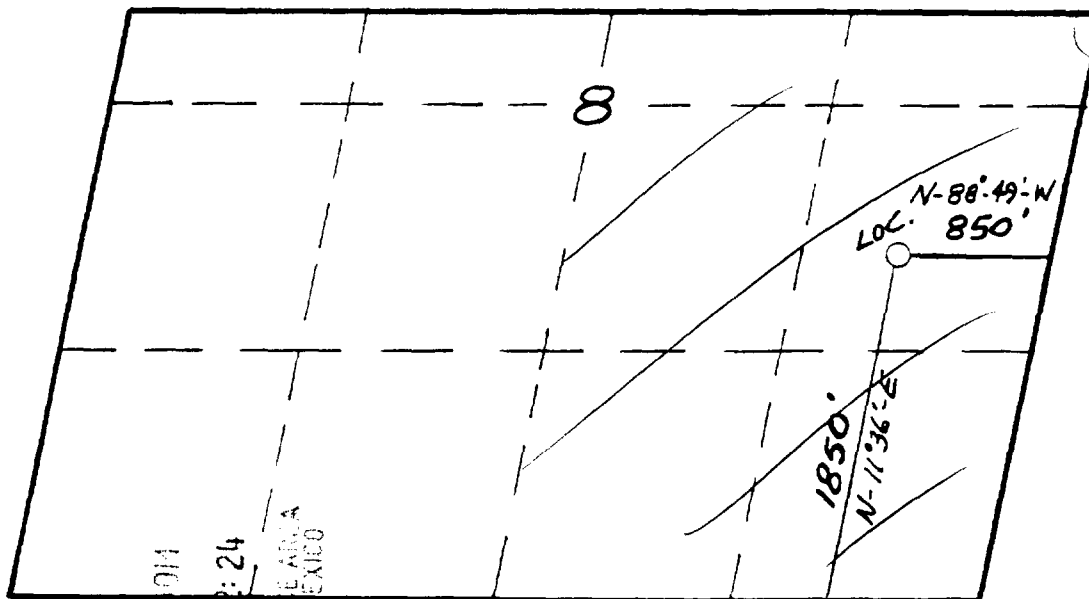
|                                                                                                   |                                       |                                  |                                 |                    |
|---------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------|---------------------------------|--------------------|
| Operator<br>Southland Royalty Company                                                             |                                       | Lease<br>Trail Canyon (NM-33053) |                                 | Well No.<br>101    |
| Unit Letter<br>I                                                                                  | Section<br>8                          | Township<br>32 North             | Range<br>9 West                 | County<br>San Juan |
| Actual Footage Location of Well:<br>1850 feet from the South line and 850 feet from the East line |                                       |                                  |                                 |                    |
| Ground Level Elev.<br>5730                                                                        | Producing Formation<br>Fruitland Coal | Pool<br>Undesignated             | Dedicated Acreage:<br>160 Acres |                    |

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division



#### CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Neale C. Edwards*

Name  
Regulatory Affairs

Position  
Southland Royalty Co

Company  
9-888

Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

*Neale C. Edwards*

Date Surveyed  
7-25-88

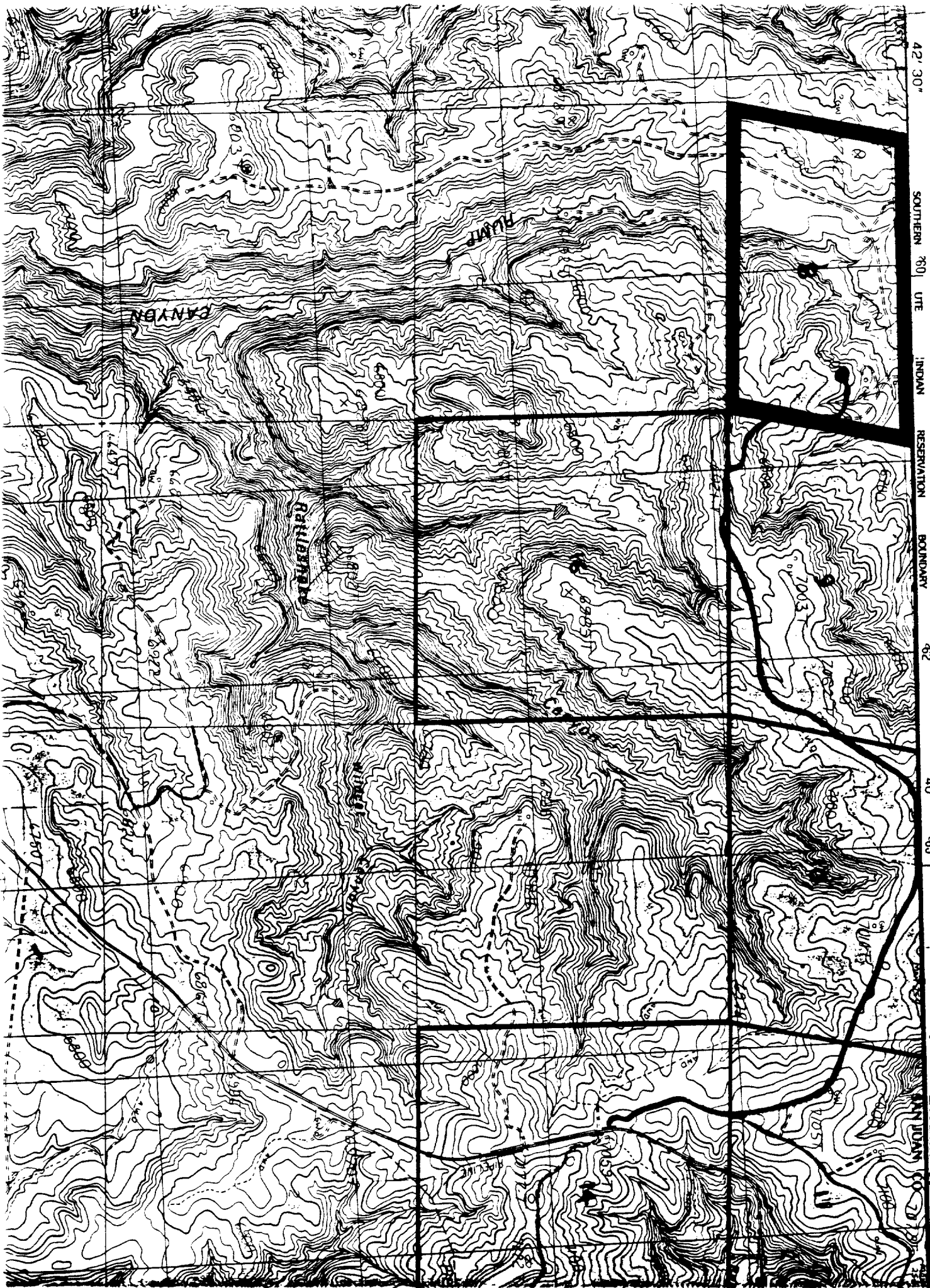
Registered Professional Engineer and/or Land Surveyor

Neale C. Edwards

Certificate No.  
6857

RECEIVED  
OIL CON. DIV.  
68 SEP -8 PM 2:24  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
SEP 26 1988  
OIL CON. DIV.  
DIST 2



42° 30' SOUTHERN 760 UTE INDIAN RESERVATION BOUNDARY 762 40' 763 764 LA PLATA CO 765

7.5 MIN  
TRAIL CANYON

MERIDIAN OIL

OIL CONSERVATION DIVISION  
RECEIVED

'89 OCT 18 AM 8 49

October 6, 1989

Mr. William LeMay  
New Mexico Oil Conservation Division  
Post Office Box 2088  
Santa Fe, New Mexico 87504

Dear Mr. LeMay:

This is a request for administrative approval for a non-standard proration unit for a gas well location in the Basin Fruitland Coal Pool.

Southland Royalty Company Trail Canyon #101 is located at 1850' from the South line and 850' from the East line of Section 8, T-32-N, R-8-W, San Juan County, New Mexico.

A copy of this application is being submitted to all offset owners/operators by certified mail with a request that they furnish your Santa Fe office with a Waiver of Objection, and return one copy to this office.

A plat showing the proposed well location and configuration of Section 8 , along with an ownership plat, are attached.

Sincerely yours,

Peggy Bradfield

encl.

WAIVER

Southern Union Exploration hereby waives objection to Southland Royalty Company's application for a non-standard proration unit for their Trail Canyon #101 as proposed above.

By: [Signature]

Date: 10/13/89

xc: Arco Oil & Gas  
Speerex Limited Partnership  
Northwest Pipeline Corp  
Southern Union Exploration

Meridian Oil Inc., 3535 East 30th St., P.O. Box 4289, Farmington, New Mexico 87499-4289. Telephone 505-327-0251

MERIDIAN OIL

RECEIVED  
OCT 12 1989  
ARCO OIL AND GAS CO.  
LAND DEPT.

October 6, 1989

Mr. William LeMay  
New Mexico Oil Conservation Division  
Post Office Box 2088  
Santa Fe, New Mexico 87504

Dear Mr. LeMay:

This is a request for administrative approval for a non-standard proration unit for a gas well location in the Basin Fruitland Coal Pool.

Southland Royalty Company Trail Canyon #101 is located at 1850' from the South line and 850' from the East line of Section 8, T-32-N, R-8-W, San Juan County, New Mexico.

A copy of this application is being submitted to all offset owners/operators by certified mail with a request that they furnish your Santa Fe office with a Waiver of Objection, and return one copy to this office.

A plat showing the proposed well location and configuration of Section 8, along with an ownership plat, are attached.

Sincerely yours,

Peggy Bradfield

encl.

WAIVER

ARCO hereby waives objection to Southland Royalty Company's application for a non-standard proration unit for their Trail Canyon #101 as proposed above.

By: [Signature]

Date: 11/2/89

xc: Arco Oil & Gas  
Speerex Limited Partnership  
Northwest Pipeline Corp  
Southern Union Exploration

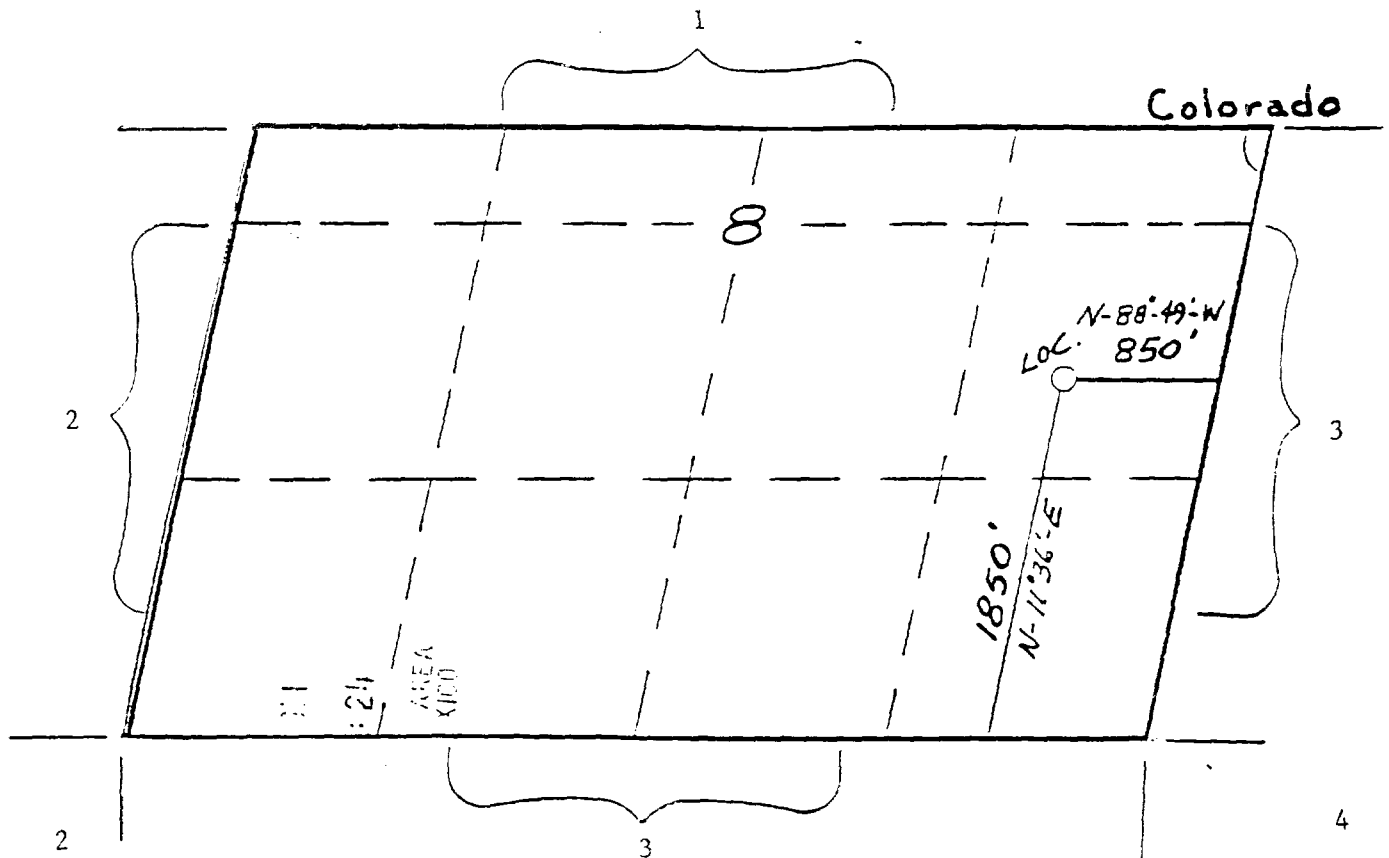
SOUTHLAND ROYALTY COMPANY

Well Name Trail Canyon #101

Footage 1850' FSL: 850' FEL

APPLICATION FOR NON-STANDARD PRORATION UNIT

County San Juan State New Mexico Section 8 Township 32N Range 8E



- Remarks
- 1) Arco Oil & Gas Company - W.I.O.
  - 2) Southland Royalty Company - W.I.O.  
Speerex Limited Partnership - W.I.O.
  - 3) San Juan 32-8 Unit - Northwest Pipeline Corp. - Operator
  - 4) Southern Union Exploration - Operator

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

IN THE MATTER OF THE APPLICATION  
OF SOUTHLAND ROYALTY COMPANY FOR  
SEVEN NON-STANDARD PRORATION UNITS,  
SAN JUAN COUNTY, NEW MEXICO

CASE NO. 9813

CERTIFICATE OF MAILING

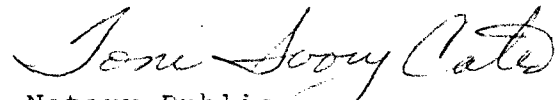
AND

COMPLIANCE WITH ORDER R-8054

In accordance with Division Rule 1207 (Order R-8054), I hereby certify that on October 24, 1989, I caused to be mailed by certified mail, return-receipt requested, notice of this hearing and a copy of the application for the above referenced case along with the cover letter, at least twenty days prior to the hearing set for November 15, 1989, to the parties shown in the Application as evidenced by the attached copy of the return receipt cards.

  
W. Thomas Kellahin

SUBSCRIBED AND SWORN to before met this 14th day of November, 1989.

  
Notary Public

My Commission Expires:

7-6-91

BEFORE EXAMINER CATANACH

OIL CONSERVATION DIVISION

Southland EXHIBIT NO. 6

CASE NO. 9811

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

|                                                                                                                                                                                                                                                                         |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 3. Article Addressed to:                                                                                                                                                                                                                                                | 4. Article Number                                       |
| Arco Oil & Gas Corp.<br>P.O. Box 1610<br>Midland, TX 79702<br><br>WTK-Southland Royalty                                                                                                                                                                                 | P 572 124 820                                           |
| Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |                                                         |
| Always obtain signature of addressee or agent and DATE DELIVERED.                                                                                                                                                                                                       |                                                         |
| 5. Signature - Address<br>X                                                                                                                                                                                                                                             | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent<br>X                                                                                                                                                                                                                                               |                                                         |
| 7. Date of Delivery<br>10-30-89                                                                                                                                                                                                                                         |                                                         |

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

|                                                                                                                                                                                                                                                                         |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 3. Article Addressed to:                                                                                                                                                                                                                                                | 4. Article Number                                       |
| Estate of C.W. Murchison<br>Bankers Trust Co. of Texas<br>1999 Bryan Street LB 143<br>Dallas, TX 75201                                                                                                                                                                  | P 572 124 821                                           |
| Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |                                                         |
| Always obtain signature of addressee or agent and DATE DELIVERED.                                                                                                                                                                                                       |                                                         |
| 5. Signature - Address<br>X                                                                                                                                                                                                                                             | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent<br>X                                                                                                                                                                                                                                               |                                                         |
| 7. Date of Delivery<br>10-26-89                                                                                                                                                                                                                                         |                                                         |

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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|                                                                                                                                                                                                                                                                         |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 3. Article Addressed to:                                                                                                                                                                                                                                                | 4. Article Number                                       |
| Amoco Production Company<br>P.O. Box 800<br>Denver, Colorado 80201                                                                                                                                                                                                      | P 572 124 819                                           |
| Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |                                                         |
| Always obtain signature of addressee or agent and DATE DELIVERED.                                                                                                                                                                                                       |                                                         |
| 5. Signature - Address<br>X                                                                                                                                                                                                                                             | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent<br>X                                                                                                                                                                                                                                               |                                                         |
| 7. Date of Delivery                                                                                                                                                                                                                                                     |                                                         |

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 3. Article Addressed to:                                                                                                                                                                                                                                                | 4. Article Number                                       |
| Northwest Pipeline Corp.<br>3539 East 30th<br>Farmington, NM 87401                                                                                                                                                                                                      | P 572 124 822                                           |
| Type of Service:<br><input type="checkbox"/> Registered <input type="checkbox"/> Insured<br><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise |                                                         |
| Always obtain signature of addressee or agent and DATE DELIVERED.                                                                                                                                                                                                       |                                                         |
| 5. Signature - Address<br>X                                                                                                                                                                                                                                             | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent<br>X                                                                                                                                                                                                                                               |                                                         |
| 7. Date of Delivery<br>10-25-89                                                                                                                                                                                                                                         |                                                         |

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
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|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Article Addressed to:<br>Southern Union Exploration<br>324 Highway US #64<br>NBU 3001<br>Farmington, NM 87401 | 4. Article Number<br>P 572 124 823<br>Type of Service:<br><input type="checkbox"/> Registered<br><input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail<br><input type="checkbox"/> Insured<br><input type="checkbox"/> COD<br><input type="checkbox"/> Return Receipt for Merchandise<br>Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Address<br><input checked="" type="checkbox"/>                                                    | 8. Addressee's Address (ONLY if requested and fee paid)<br>FAR 1<br>001<br>25<br>1988<br>N                                                                                                                                                                                                                                                                                                  |
| 6. Signature - Agent<br><input checked="" type="checkbox"/>                                                      |                                                                                                                                                                                                                                                                                                                                                                                             |
| 7. Date of Delivery                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                             |

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Article Addressed to:<br>Speerex Limited Partnership<br>P.O. Box 255<br>Farmington, NM 87401<br>WTK-Southland Royalty | 4. Article Number<br>P 572 124 824<br>Type of Service:<br><input type="checkbox"/> Registered<br><input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail<br><input type="checkbox"/> Insured<br><input type="checkbox"/> COD<br><input type="checkbox"/> Return Receipt for Merchandise<br>Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature - Address<br><input checked="" type="checkbox"/>                                                            | 8. Addressee's Address (ONLY if requested and fee paid)<br>See not paid<br>304 EXTRA                                                                                                                                                                                                                                                                                                        |
| 6. Signature - Agent<br><input checked="" type="checkbox"/>                                                              |                                                                                                                                                                                                                                                                                                                                                                                             |
| 7. Date of Delivery                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                             |

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT