

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**

MAY 20 1985

Operator Southland Royalty Company		OIL CON. DIV.	
Address P. O. Drawer 570, Farmington, New Mexico 87499		DIST. 3	
Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	Changed Name of Transporter Of Oil from Giant Refining To CINIZA PIPELINE.	
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		
	<input type="checkbox"/> Dry Gas		
	<input type="checkbox"/> Condensate		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hawk Federal	Well No. 3	Pool Name, including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter K	1835	Feet From The South	Line and 1690	Feet From The West
Line of Section 35	Township 25 North	Range 2 West	NMPM,	Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

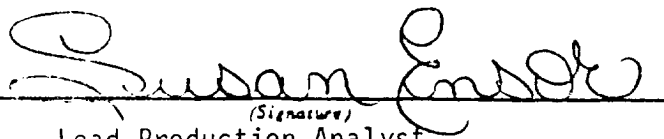
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Ciniza Pipeline Inc.	P. O. Box 9156, Phoenix, Arizona 85068
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
K 35 25N 2W	Yes 4-4-85

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.



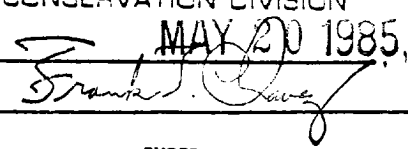
Lead Production Analyst

(Title)

May 17, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED  MAY 20 1985  
BY \_\_\_\_\_  
TITLE SUPERVISOR DISTRICT 3

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

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

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

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

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