

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION 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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
Southland Royalty Company

**Address**  
PO Box 4289, Farmington, NM 87499

**Reason(s) for filing (Check proper box)**

<input type="checkbox"/> New Well	<b>Change in Transporter of:</b>	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas	<b>Other (Please explain)</b>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership				

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Whitley	Well No. 6	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. NM 02294
Location Unit Letter <u>N</u> <u>1140</u> Feet From The <u>South</u> Line and <u>1590</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>27N</u> Range <u>9W</u> NMPM, <u>San Juan</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Sunterra Gas Gathering Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks. Unit: <u>N</u> Sec: <u>8</u> Twp: <u>27N</u> Rge: <u>9W</u>	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.

  
\_\_\_\_\_  
Drilling Clerk (Signature)  
\_\_\_\_\_  
May 15, 1987 (Date)  
\_\_\_\_\_  
(Date)

OIL CONSERVATION DIVISION

JUN 22 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY James J. [Signature]  
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate 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 multiple completed wells.

*Handwritten notes and stamps at the bottom of the page.*