## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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IANTA PE			_
FILE			_
U.S.G.A.			_
LAND OFFICE			_
TRANSPORTER	aic		
	BAD		
OPERATOR			
PROBATION GET	VE Z		_

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHORIZATION TO TRAN	SPORT OIL AND NAT	URAL GAS	
Southland Royalty Compar				
P. O. Drawer 570, Farmir		87499		
Reason(s) for filing (Check proper box)	igeon, new mexico		a arata a l	
New Well	Change in Transporter of:	Other (Please expiain) Transporter of:		
Accompletion	orr	Dry Gas		
Change in Ownership	Casinghead Gas	Candensate Effectiv	e 8/1/85	
If change of ownership give name and address of previous owner				***************************************
II. DESCRIPTION OF WELL AND LE	ASP			
Ladse Name	Well No. Pool Name, including	Formation	Kind of Lease	
Whitley	5 Basin Dakot	а	State, Federal or Fee Feder	Legge Vo.
Location			rede	ral NM-02294
Unii Letter G 1790	Feet From The North	.ine and 1670	Feet From The East	
			. total the <u>Luge</u>	
Line of Section 8 Township	27N Range	9W . NMP	• San Juan	Caurty
III. DESIGNATION OF TRANSPORT	THE OF OR LAW MAN			
Name of Authorized Transporter of Cil	or Condensate TY	AL GAS	to which approved copy of this !	<del>,</del>
Mancos Corporation		1		•
Name of Authorized Transporter of Casinghe	ad Cas C or Cry Gas TX	Address (Give address	320. Farmington, New	<u>v Mexico 87499</u>
Southern Union Gathering	_	,	, Bloomfield, New Me	
If well produces oil or liquids, Unit		is das detratfy course	ed? when	<u>exico 87413</u>
give location of tanks.	<u>8 27N 9W</u>	Yes	1	
If this production is commingled with the	t from any other lease or pool	, give commingling orde	r number:	
NOTE: Complete Parts IV and V on				
	,,	11	<b></b>	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				JN -
I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED				/ <b>2</b> ) 198 <b>5</b>
been complied with and that the information given is true and complete to the best of my knowledge and belief.			<del></del>	
•		87	Drawn, C	Have /
, °	•	TITLE	SUPERVISOR I	DISTRIQ # 3
This form is to be filed in compliance with RULE 1104.				
(Signaphre)	If this is a request for allowable for a graphy deliber on the		المماللة المعاددة	
Signature)  well, this form must be accompanied by a tabulation of the devia: tests taken on the well in accordance with AUE 111.				
(Title) All sections of this form must be filled out completely fee all.				
7-10-8	35 <sup>1</sup>	acts on new and recompleted wells.		
(Date)		Fill out only s	ections I. II. III. and VI for or transporter, or other such	changes of owner,
		Separate Forms	CA OF mast be offed for a	