

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRICT	
SANTA FE	
FILE	
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
PROBATION 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

OIL CONSERVATION DIV.  
DIST. 3

I. Operator  
Southland Royalty Company

Address  
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)		Change in Transporter of:		Other (Please explain)
<input type="checkbox"/> New Well		<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas	
<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. 4	Pool Name, including Formation So. Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. NM 02294
Location				
Unit Letter H	1490	Feet From The North	Line and 1130	Feet From The East
Line of Section 8	Township 27N	Range 9W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

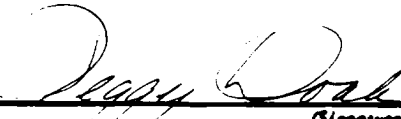
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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: H, Sec.: 8, Twp.: 27N, Rge.: 9W	Is gas actually connected? _____ when _____

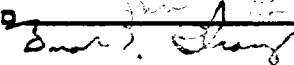
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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)  
(Title)

OIL CONSERVATION DIVISION  
JUN 7 1987  
APPROVED \_\_\_\_\_ 1987  
BY   
SUPERVISION DISTRICT # 3  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatric 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 multip. completed wells.