

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
OPERATOR	<input type="checkbox"/> 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

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	Change in Transporter of:	<input checked="" 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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanks	Well No. 10	Pool Name, including Formation So Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF 077874
Location Unit Letter <u>N</u> <u>660</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>27N</u> Range <u>9W</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"/> 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.	Is gas actually connected? <input type="checkbox"/> when
Unit <u>N</u> Sec. <u>5</u> Twp. <u>27N</u> Rge. <u>9W</u>	

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.

Mary Cook  
(Signature)  
Drilling Clerk  
May 15, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 22 1987, 19

BY [Signature]

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 deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 1111.

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 multiphase completed wells.

