## STATE OF NEW MEXICO ENERGY and MINERALS DEPARTMENT

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LANG OFFICE			_
TRANSPORTER	011		
	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

t.	SPORT OIL AND NATURAL GAS			
Southland Royalty Company				
Address	37499			
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:				
	Dry Gas .			
Change in Ownership Casinghead Gas X C	Condensate   Effective 8/1/85			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
water traine, trained	Ladae No.			
Hanks 18 Basin Dakota	State. Federal or Fee Federal SF-077874			
Unit Letter B : 830 Feet From The North Line and 1840 Feet From The East				
Line of Section 5 Township 27N Range	9W , NMPM, San Juan Caunty			
III. DESIGNATION OF TRANSPORTER OF OUR LAW MARINE				
Mame of Authorized Transporter of CIL Grandensate Address to which approved copy of this form is to be sent)				
Mancos Corporation P O Drawer 1320 Farmington NM 97400				
Name of Authorized Transporter of Casinghead Gas ar Cry Gas X Address (Give address to which approved copy of this form is to be sent)				
Southern Union Gathering P. O. Box 1899, Bloomfield, NM 87413				
If well produces oil or liquids, Unit Sec. Two. Rqs.	is das actually connected? When			
	Yes			
If this production is commingled with that from any other lesse or pool,	give commungling order number:			
NOTE: Complete Parts IV and V on reverse side if necessary.				
VI. CERTIFICATE OF COMPILANCE	OIL CONSERVATION DIVISION			
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.	BY			
	TITLE SUPERVISOR DISTRICT # 3			
Featre Labruani	This form is to be filed in compliance with RULE 1104.			
If this is a request for allowable for a carrier delited as to				
Production (Indust	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
(Title)	All sections of this form must be filled out completely for all			
7-10-S5	able on new and recompleted wells.			
(Date)	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.			
, , , , , , , , , , , , , , , , , , , ,	completed wells.			
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