## STATE OF NEW MEXICO ENERGY AND MINERALS GEPARTMENT

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## 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

Separate Forms C-104 must be filled for each pool in multiply completed wells.

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Southland Royalty Company  Address Southland Royalty Company  Address Southland Royalty Company  Address Port of Tiling (Cyces proper box)    Change in Transporter of   Oil Only Gos   Other (Please station)   Oil Only Gos   Other (Please station)   Oil   | I. AUTHORIZATION TO TRANSF   | PORT OIL AND NATURAL GAS   |  |
|--|--|--|--|
| P. O. Drawer 570, Farmington, New Mexico 87499    Presential for filing (Chees proper box)   Chemce in Transporter of:   Gil   Gry Gos   Great   Great | 1  |  |  |
| New West   Change in Ownership   Change in Transporter of:   Other (Please explain)   JUL 12 1985  |  | D B A B A S A S A S A S A S A S A S A S A  |  |
| New Voil   Change of ownership give name and address of previous owner   Dist. 3   | 7. 0. 0. 0. 0. 0. 0.   |  |  |
| Change of connectable   Content      |  | Other (Please expiain)   |  |
| Change of ownership give name  If change of ownership give name  and address of previous owner  IDESCRIPTION OF WELL AND LEASE  Lesten Name  Hanks  II Bas in Dakota  State, Federal or Fee Federal SF-077874  Loestian  Until Letter L  1450 Feet From The South Line and 930 Feet From The West  Unit Letter L  1450 Feet From The South Line and 930 Feet From The West  Unit Letter L  1450 Feet From The South Line and 930 Feet From The West  Unit Letter L  1450 Feet From The South Line and 930 Feet From The West  Unit Letter L  1450 Feet From The South Line and 930 Feet From The West  Unit DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cli or Candenate D  Name of Authorized Transporter of Catananaed Cas Corporation  Nancos Corporation  Nancos Corporation  P. O. Box 1899, Bloomfield, NM 87413  If eval production is commingled with that from any other lease or pool, give comminging order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  Increby certify inst the rules and regulations of the Oil Conservation Division have been complied with and mat the information given is true and complete to the best of my knowledge and belief.  This form is to be filled in compliance with AULE 1104.  If this is a request for illowable for a nawly drilled or deepened well, this form must be accompanied by a tabilities of the devistion to the well in accordance with AULE 11104.  Approved that form must be filled untempliestly for allowable for an analy drilled out completely for allowable for an analysis of the devision to the well in accordance with AULE 11104.  Approved that of the devision on the well in accordance with AULE 11104.  Approved that form must be filled untempliestly for allowable for an analysis of the devision of the well on new and recompleted wills.  Fill up to only Sections I. II. II. and VI for changes of aware,  Fill up to only Sections I. II. III. and VI for changes of aware,   |  | JUL 1 2 1985   |  |
| If change of generating give name and address of previous owner.  II. DESCRIPTION OF WEIL AND LEASE    Comment   March   Pool Name, including formation   Store, Federal or Fee Federal   SF-077874  |  | Effective 9/1/95   |  |
| I. DESCRIPTION OF WEIL AND LEASE   Lease Name   Weil No.   Pool Name, Including Formation   State, Federal of Fee Federal   SF-077874  |  | OIL CON. DIV.  |  |
| I. DESCRIPTION OF WEIL AND LEASE    Lease Name   |  | DIST. 3  |  |
| Hanks    1   | and address of previous owner.   |  |  |
| Hanks 11 Basin Dakota Store, Federal or FeeFederal SF-077874  Location  Unit Letter L 1450 Feet From The South Line and 930 Feet From The West  Line of Section 7 Township 27N Range 9W NMPM, San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of City or Condensate P. O. Drawer 1320, Farmington, NM 87499  Name of Authorized Transporter of Costingneed Cas or Cry Gas D. Address (Give address to water approved copy of tats form is to be sent)  Southern Union Gathering P. O. Drawer 1320, Farmington, NM 87499  Southern Union Gathering P. O. Box 1899, Bloomfield, NM 87413  It will production of tanks. L 7 27N 9W Yes  If this production is commingled with that from any other lease or pool, give comminging order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  Interoby 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 benef.  APPROVED  ACCUMANCE  OIL CONSERVATION DIVISION  APPROVED  TITLE  OIL CONSERVATION DIVISION  APPROVED  TITLE  Supervisor Distinct 2  This form is to be filled in compliance with Ault 2 1102.  If this is a request for sillowable (or a newly drilled or despended well). This is a request for sillowable (or a newly drilled or despended well). This is a request for sillowable for a newly drilled or despended well, this form must be filled out complistedly for sillowable on new and recompleted wells.  Fill out only sections i. II. III. and VI for changes of owner, the fill out of the deviation |  |  |  |
| Unit Letter L 1450 Feet From The South Line and 930 Feet From The West  Line of Section 7 Township 27N Range 9W NNPM, San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cili or Candenate P. O. Drawer 1320, Farmington, NM 87499  Name of Authorized Transporter of Call or Candenate P. O. Box 1899, Bloomfield, NM 87413  Southern Union Gathering  If well produces oil or liquids. Unit Sec. Two. Reg. Is que activaty connected? Then 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 being.  Line of Section 7 Township 27N Range 9W NNPM, San Juan County  P. O. Drawer 1320, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 1899, Bloomfield, NM 87413  Is questioned address to which approved copy of this form is to be sent)  P. O. Box 1899, Bloomfield, NM 87413  It will produces oil or liquids. Unit Sec. Two. Reg. Is question give address to which approved copy of this form is to be sent)  Yes  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 tide if necessary.  VI. CERTIFICATE OF COMPILANCE  Interest carries in the field in compliance with AULE 1104.  If this is a request for allowable for a newly drilled or despendent will, the form must be accompanied by a tabulation of the deviation tests the well in accordance with AULE 1104.  All sections of this form must be filled out completely for allowable on new and recompleted with a use of the deviation tests the well in a compliance with AULE 1104.  All sections of this form must be filled out completely for allowable on new and recompleted wells.  All sections of this form must be filled out completely for allowable on new and recompleted wells.  All sections of this form must be filled out completely for allowable on new and recompleted wells.             | 33 D D-1-1-  | _ , _ , _ , _ , _ , _ , _ , _ , _ , _ ,  |  |
| Unit Letter L 1450 Feet From The South Line and 930 Feet From The West  Line at Section 7 Township 27N Range 9W NMPM, San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorises Transporter of Calinghead Gas or Candensatio P. O. Drawer 1320, Farmington, NM 87499  Name of Authorises Transporter of Casinghead Gas or Cry Gas D. Address (Give address to which approved copy of this form is to be sent)  Southern Union Gathering P. O. Drawer 1320, Farmington, NM 87499  Nothern Union Gathering P. O. Box 1899, Bloomfield, NM 87413  If well produces oil or liquids, Qual Sec. Two. 9qe. Is gas actually connected? Then give location of tanks. L 7 27N 9W Yes  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 tide if necessary.  VI. CERTIFICATE OF COMPLIANCE  Chereby 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 benef.  APPROVED  This form is to be filed in compliance with AULE 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 deviation tests taken on the well in accordance with AULE 111.  All sections of this form must be filled out completely for silowable on new and recompleted wells. If III, and VI for changes of owner,  Fill and vill Sections, I. II. III, and VI for changes of owner,  Fill and vill Sections, I. II. III, and VI for changes of owner,  Fill and vill Sections, I. II. III, and VI for changes of owner,  Fill and vill Sections, I. II. III, and VI for changes of owner,  |  | 1111   1111   11 |  |
| Line of Section 7 Township 27N Range 9W NMPM, San Juan County  HL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of City or Candensate Description  Mancos Corporation  Name of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas or Cry Gas Description  Norme of Authorized Transporter of Casingneed Gas Description   |  | 930 ss. West   |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil or Candensete  | Unit Letter  | e dad  |  |
| Name of Authorized Transporter of Cit  | Line of Section 7 Township 27N Range                                     | 9W NMPM, San Juan County   |  |
| Name of Authorized Transporter of Cit  |  |  |  |
| Mancos Corporation  Name of Authorized Transporter of Cosinghead Gas or Cry Gas (I)  Southern Union Gathering  If well produces oil or liquids.  If well produces oil or liquids.  If this production is communicated with that from any other lease or pool, give communicating 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 benef.  APPROVED  Title  Supervisor District  Title  Tit |  | Agrees (Give address to watch approved copy of this form is to be sent)  |  |
| Name of Authorized Transparier of Casinghead Gas or Cry Gas (I)  Southern Union Gathering  If well produces oil or liquids, give location of tenzs.  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.  Approved  This form is to be filed in compliance with Rule 1 1104.  (Signature)  (Signature)  (Title)  7-16-85  Address (Give address to water approved copy of this form is to be sent)  P. O. Box 1899, Bloomfield, NM 87413  Address (Give address to water approved copy of this form is to be sent)  P. O. Box 1899, Bloomfield, NM 87413  Address (Give address to water approved copy of this form is to be sent)  P. O. Box 1899, Bloomfield, NM 87413  Is qua actually connected?  When  Yes  OIL CONSERVATION DIVISION  APPROVED  This form is to be filed in compliance with Rule 1104.  If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation of tests taken on the well in accordance with Rule 111.  All sections of this form must be filled out completely for silowable on new and recompleted wells.  Fill out only Sections I. II. III, and VI for changes of owners.  |  |  |  |
| 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 COMPILANCE  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 benef.  APPROVED  APPROVED  TITLE  SUPERVISOR DISTRICT  This form is to be filled in compliance with AULE 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 deviation tests taken on the well in accordance with AULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out only Sections 1, II, III, and VI for changes of owner.  |  | Address (Give address to which approved copy of this form is to be sent)   |  |
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| 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 beinef.  APPROVED  SUPERVISOR DISTRICT OF COMPLIANCE  TITLE  SUPERVISOR DISTRICT OF COMPLIANCE  If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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.   | If well produces all or liquids, Unit Sec. Twp. Rge.                     |  |  |
| 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 benef.  SUPERVISOR DISTRICT A  TITLE  SUPERVISOR DISTRICT A  This form its to be filled in compliance with AULE 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 deviation tests taken on the well in accordance with AULE 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.   |  |  |  |
| 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 benef.  APPROVED  SUPERVISOR DISTRICT 3  This form its to be filled 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 deviation of the second on the well in accordance with RULE 111.  All sections of this form must be filled out completely for silowable on new and recomplated wells.  Fill out only Sections 1, II, III, and VI for changes of owner,  | If this production is commingled with that from any other lease or pool, | give commingling order number:   |  |
| 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 beinef.  SUPERVISOR DISTRICT 3  TITLE SUPERVISOR DISTRICT 3  This form is to be filled in compliance with AULE 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 deviation tests taken on the well in accordance with AULE 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,  | NOTE: Complete Parts IV and V on reverse side if necessary.              |  |  |
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| SUPERVISOR DISTRICT 2  This form is to be filed in compliance with AULE 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 deviation tests taken on the well in accordance with AULE 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,  |  | 111 + 2000   |  |
| TITLE  SUPERVISOR DISTRICT OF A  This form is to be filed in compliance with AULE 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 deviation tests taken on the well in accordance with AULE 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,  |  | APPROVED   |  |
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| able on new and recompleted wells.  7-10 85  Fill out only Sections I. II. III, and VI for changes of owner.   | / \ (3\seather) =//// .  | well, this form must be accompanied by a tabulation of the deviation   |  |
| This day and the state of the s | (Title)  |  |  |
|  | (Date)   |  |  |