

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| PROMOTION 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

MAY 27 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.  
DIST. 3

**I.**

Operator  
Southland Royalty Company

Address  
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

|                                              |                                         |                                                |
|----------------------------------------------|-----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> New Well            | Change in Transporter of:               | <input type="checkbox"/> Dry Gas               |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil            | <input checked="" 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<br>Hanks  | Well No.<br>12Y | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State (Federal) or Fee | Lease<br>SF 077874    |
| Location             |                 |                                                |                                         |                       |
| Unit Letter<br>H     | 2350            | Feet From The<br>North                         | Line and<br>930                         | Feet From The<br>East |
| Line of Section<br>7 | Township<br>27N | Range<br>9W                                    | NMPM                                    | San Juan              |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

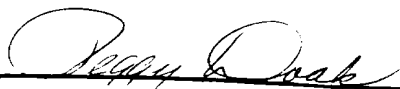
|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Meridian Oil Inc.                                                                                                        | P. O. Box 1599, Aztec, NM 87410                                          |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Southern Union Gathering Co.                                                                                             | P. O. Box 1899, Bloomfield, NM 87413                                     |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit : Sec. : Twp. : Rge. : Is gas actually connected? when              |
|                                                                                                                          | H : 7 : 27N : 9W                                                         |

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

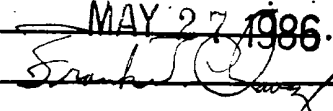
NOTE: Complete Parts IV and V on reverse side if necessary.

**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.

  
(Signature)  
Drilling Clerk  
(Title)  
6-1-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 27 1986 19  
BY   
TITLE SUPERVISOR 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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of cond  
Separate Forms C-104 must be filed for each pool in multiple completed wells.

#### IV. COMPLETION DATA

| Designate Type of Completion - (X)   |                             | Oil well        | Gas well  | New well | Workover     | Deepen | Plug back         | Same Reservoir | Other |
|--------------------------------------|-----------------------------|-----------------|-----------|----------|--------------|--------|-------------------|----------------|-------|
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     |           |          | P.B.T.D.     |        |                   |                |       |
| Elevations (DF, RKB, RT, CR, etc.)   | Name of Producing Formation | Top Oil/Gas Pay |           |          | Tubing Depth |        |                   |                |       |
| Perforations                         |                             |                 |           |          |              |        | Depth Casing shoe |                |       |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |           |          |              |        |                   |                |       |
| HOLE SIZE                            | CASING & TUBING SIZE        |                 | DEPTH SET |          | SACKS CEMENT |        |                   |                |       |
|                                      |                             |                 |           |          |              |        |                   |                |       |
|                                      |                             |                 |           |          |              |        |                   |                |       |
|                                      |                             |                 |           |          |              |        |                   |                |       |
|                                      |                             |                 |           |          |              |        |                   |                |       |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE

*(Test must be after recovery of total volume of load oil and must be equal to or exceed 10% of total volume of load oil for this depth or be for full 24 hours)*

|                                 |                 |                                               |             |
|---------------------------------|-----------------|-----------------------------------------------|-------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |             |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Casing Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF   |

#### GAS WELL

|                                       |                             |                             |                       |
|---------------------------------------|-----------------------------|-----------------------------|-----------------------|
| Actual Prod. Test - MCF/D             | Length of Test              | Bbls. Condensate/MCF        | Gravity of Condensate |
| Testing Method (pump, gas lift, etc.) | Tubing Pressure (Start-End) | Casing Pressure (Start-End) | Casing Size           |