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| TRAIL PORTER | OIL 1 |
| | GAS |
| OPERATOR | 4 |
| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

| | |
|--|---|
| Operator SOUTHLAND ROYALTY COMPANY | |
| Address Box 510 | |
| Reason(s) for filing (Check proper box) - Other (If other explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Name Change |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|------------------------|--|--|-------------------------------|
| Well Name Central Totah Unit | Well No. 6 | Producing Formation Totah Gallup | Kind of Lease State, Federal or Federal | Lease No. SF-078931 |
| Location | | | | |
| Unit Letter H | 2310 | Feet From The North | Line and 560 | Feet From The East |
| Line of Section 28 | Township 29N | Range 13W | NMPM, San Juan | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Four Corners Pipeline Plateau | Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico Box 108, Farmington, New Mexico | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |

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

IV. COMPLETION DATA

| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resrv. | Diff. Resrv. |
|------------------------------------|-----------------------------|----------|-----------------|----------|---------------|-----------|-------------|--------------|
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.S.T.D. | | | |
| Elevations (DF, RKP, RT, CR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Testing Depth | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable 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 | Choke Size |
| Actual Prod. During Test | Oil-Seals. | Water-Bbls. | Gas-MMCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MMCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

| |
|--|
|  |
| District Production Manager |
| 1-1-78 |

OIL CONSERVATION COMMISSION

JAN 12 1978

| | |
|----------|-----------------------------------|
| APPROVED | 19 |
| BY | Original Signed by A. R. Kendrick |
| TITLE | SUPERVISOR DIST. #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 deviation 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 multiply completed wells.