STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DIGTRIBUTION		
SANTA PE		
PILE		
V.1.4.1.		
LAMO OFFICE	<u> </u>	
TRAMPORTER OIL		
GAS		
OPERATOR.		
PROBATION OFFICE		

OIL CONSERVATION DIVISION P. O. BOX 2086 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiple completed wells.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE	AUTHORIZA	TION TO TRA	NSPORT OIL	AND NATU	RAL GAS			
Coperator			•			<u> </u>		
Southland Royalty (Company							
Address A 2 0 0 Forming	· · · · · · · · · · · · · · · · · · ·	87499						
PO Box 4289, Farmir	igton, NM	3/499		Other (Please				
New Well	-			Sings (1 cess	e aspiciny			
Recognicion		X	Dry Ges	•				
Change in Ownership	Cestnghe	red Ges	Condensete	•				
		-						
If change of ownership give name and address of previous owner								
II. DESCRIPTION OF WELL AND	Well No. Por	oi Name, includin	a Formation		Kind of Lease	Legse No.		
ampton		tec Pictur	_		State, Federal of Feb	Fee		
Location		ccc riccur	ou ollill	· · · · · · · · · · · · · · · · · · ·				
L 1850	Feet From T	South	. Inn and 790	ı	Feet From The Wo	est		
Unit Letter								
Line of Section 13 Towns	ship 30N	Range	11W	, NMPM	San Juan	County		
Meridian Oil Inc. Name of Authorized Transporter of Casinghedd Gas are or Dry Gas tunterra Gas Gathering Co.			Address (C	PO Box 4289, Farmington, NM 87499 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 lecation of tanks.	Unii -Sec. , 13	Two. Rec. 30N 11W	1	atth coupect	rd? When	•		
If this production is commingled with	that from any o	ther lesse or po	ol, give commi	ngling order	number			
NOTE: Complete Parts IV and V	na reverse side	if necessary.						
NOTE. Complete 1 and 7	<i>5.6</i> **C**C** C	.,	H					
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION OIL CONSER					KISTON 987			
I hereby certify that the rules and regulations	a of the Oil Conse	rvation Division ha	IVE APPRO		Α.			
been complied with and that the information	given is true and co	implete to the best	of		Bill the	•		
my knowledge and belief.			BY		SUPERVISION DIS			
			TITLE		SUPERVISION DI	SIRIOI # G		
				. ()	be filed in compliance	a with an # 1104		
Ilgan a In	ah.					s newly drilled or despens		
Drilling Clerk	10)		well, this	s form must	be accompanied by a well in accordance with	tabulation of the deviation		
May 15, 1987 (Tule)			able on	new and sec	completed wells.	d out completely for aller		
(Date)			Fill well nam	Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition				