

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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OPERATOR		
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OIL CONSERVATION DIVISION
P. O. BOX 2888
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Southland Royalty Company
Address
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership
☐ Change in Transporter oil:
☐ Oil
☐ Gas
☒ Dry Gas
☐ Condensate
 Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: 12 Aztec Pictured Cliffs Well No.: 12 Pool Name, including Formation: Aztec Pictured Cliffs Kind of Lease: State, Federal or Fee SF 078198

Location
Unit: G 1550 Feet From The North Line: 1705 Feet From The East
Line of Section: 12 Township: 30N Range: 11W N.M.P.M. San Juan Coun

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Meridian Oil Inc. Address (Give address to which approved copy of this form is to be sent): PO Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Gas or Dry Gas: Terra Gas Gathering Co. 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 location of lease: G 12 30N 11W Is gas actually connected? when

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.

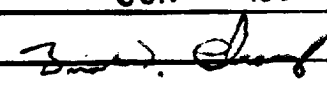
VI. CERTIFICATE OF COMPLIANCE

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.


Drilling Clerk (Signature)
May 15, 1987 (Date)

OIL CONSERVATION DIVISION

JUN 22 1987

APPROVED BY  TITLE SUPERVISION DISTRICT # 5

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 device tests taken on the well in accordance with RULE 1104.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.