## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

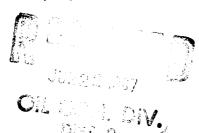
| <b>00. 00 10040 M</b> | ****      |   |
|-----------------------|-----------|---|
| 9 16 T R IS UT 1846   |           |   |
| SANTA PE              |           |   |
| PILE                  |           |   |
| V.8.4.                |           |   |
| LANG OFFICE           |           |   |
| TRAMPPORTER           | <b>ON</b> |   |
|                       | 848       |   |
| OPERATOR.             |           |   |
| PROSATION 0/1         | 46.6      | _ |

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 08-01-83

REQUEST FOR ALLOWABLE

| PROBATION OFFICE  | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS |                |  |   |                |                       |  |
|---|--|----------------|--|---|----------------|-----------------------|--|
| Operator  |  |                |  |   |                |                       |  |
| Southland Royalty C   | ompany   | 7              |  |   |                |                       |  |
| PO Box 4289, Farmin   | gton.  | NM 87          | 499  |   |                |                       |  |
| Reason(s) for filing (Check proper box)   | g con,   |                |  |   | Other (Please  | e espiain)            |  |
| New Woll  | Change I                                       | in Transporte  | r ef:  |   | 1.             |                       |  |
| Recompletion  | <u> </u>                                       |                |  | ky Ges  |                |                       |  |
| Change in Ownership   | Ces  | ingheed Gea    |  | ondens ete  | <u> </u>       | <del></del>           |  |
| If change of ownership give name<br>and address of previous owner   |  |                |  |   |                |                       | T  |
| II. DESCRIPTION OF WELL AND   |  |                |  |   |                |                       |  |
| Louse Name  | 1.   | Pool Name      | -  |   |                | Kind of Lease         | CE 077000  |
| renier A  | 6  | Aztec I        | Picture  | CILLE   | S              | State, Federal or Fee | SF 077282  |
| Unit Letter A 990h  | Feet Fri                                       | om The NOI     | rth  | 9 end   | 90             | Feet From The         | East   |
| Line of Section 34 Towns  | 30   | N              | Range  | 10W   | , NMPM         | San Juan              | n County   |
| Meridian Oil Inc.  Name of Authorized Transporter of Cit or Condensate X  Meridian Oil Inc.  Name of Authorized Transporter of Casingheed Cas or Dry Cas outletra Gas Gathering Co. |  |                | PO Box +289, 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 preduces oil or liquids, que lecation of tanks.   |  | <b>-</b>       | Age.<br>10W  | is gas ac   | tually connect |                       | The Therese Constitution of the Constitution o |
| If this production is commingled with t<br>NOTE: Complete Parts IV and V o  |  |                |  | give com  | mingling order | number:               |  |
| VI. CERTIFICATE OF COMPLIANCE   |  |                |  | OIL CONSERVATION DIVISION   |                |                       |  |
| I hereby certify that the rules and regulations   | of the Oil C                                   | onservation D  | Division have  | APPR  | OVED           | JUN 22                | 1987   |
| been complied with and that the information g<br>my knowledge and belief.   | iven is true 2                                 | and complete t | to the best of   | 94  |                | 3. w                  |  |
|   | •  |                |  | TITLE   |                | SUPERVISION DI        | 7  |
|   |  |                |  |   |                | be filed in compliant |  |
| May a tra   |  |                |  | n n   | this is a requ | set for allowable for | a newly drilled or deepen  |
| Drilling Clerk  | ,  |                |  | tests t   | sken on the '  | vell in accordance w  |  |
| May 15, 1987  |  |                | •  | All sections of this form must be filled out completely for alloable on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of owner. |                |                       |  |
| (Date) well name or   |  |                |  |   | me or number   | or transporter or oth | er such change of condition  |



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