

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL
OPERATOR	<input type="checkbox"/> GAS
PRODUCTION 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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
Southland Royalty Company  
Address  
P. O. Box 4289, Farmington, NM 87499

**Reasons for filing (Check proper box)**  
☐ New Well  
☐ Recompletion  
☐ Change in Ownership  
**Change in Transporter of:**  
☐ Oil  
☐ casinghead 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 Oliver	Well No. 1	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or (Fee ) Fee	Lease
Location Unit Letter <u>A</u> : <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>31N</u> Range <u>12W</u> , NMPM, San Juan Co.				

**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 : <u>A</u> , Sec. : <u>25</u> , Twp. : <u>31N</u> , Rge. : <u>12W</u> , Is gas actually connected? <u>  </u> when <u>  </u>

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]*  
(Signature)  
Drilling Clerk

(Title)  
9-1-86  
(Date)

RECEIVED  
AUG 15 1986  
OIL CON. DIV.  
DIST. 3

OIL CONSERVATION DIVISION

AUG 15 1986

APPROVED    19     
BY     
TITLE    SUPERVISOR DISTRICT   

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 devt. tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

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