

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

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

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

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> casinghead Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Thompson</u>	Well No. <u>2A</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease State (Federal) or Fee <u>NM 01614</u>
Location Unit Letter <u>A</u> ; <u>960</u> Feet From The <u>North</u> Line and <u>1070</u> Feet From The <u>East</u>			
Line of Section <u>28</u>	Township <u>31N</u>	Range <u>12W</u>	NMPM, <u>San Juan</u> 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)
<u>Meridian Oil Inc.</u>	<u>P. O. Box 1599, Aztec, NM 87410</u>
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)
<u>Southern Union Gathering Co.</u>	<u>P. O. Box 1899, Bloomfield, NM 87413</u>
If well produces oil or liquids, give location of tanks.	Unit : <u>A</u> ; Sec. : <u>28</u> ; Twp. : <u>31N</u> ; Rge. : <u>12W</u> ; 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.

Deputy Clerk  
(Signature)  
Drilling Clerk  
(Title)  
9-1-86  
(Date)

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

OIL CONSERVATION DIVISION

APPROVED AUG 15 1986  
BY Frank J. Gandy  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

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 a well to be allowable 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.