

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE | |
| TRANSPORTER | OIL |
| OPERATOR | 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

Reason(s) for filing (Check proper box)

| | | |
|--|---|--|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Change in Transporter oil: | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input checked="" type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|---------------|---|--|
| Lease name Decker | Well No. 2 | Pool Name, including Formation Blanco Mesa Verde | Kind of Lease State, Federal or (Fee) Fee |
| Location Unit Letter <u>A</u> ; <u>1090</u> Feet From The <u>North</u> Line and <u>850</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>32N</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"/> Meridian Oil Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1599, Aztec, NM 87410 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union 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 tanks. | Unit : <u>A</u> , Sec. : <u>26</u> , Twp. : <u>32N</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.

Peggy Cook
(Signature)
Drilling Clerk
(Title)
9-1-86
(Date)

RECEIVED
AUG 15 1986
OIL CONSERVATION DIV.
DIST. 2

OIL CONSERVATION DIVISION
AUG 15 1986
APPROVED Frank J. Quigley
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 devils tests taken on the well in accordance with RULE 111.
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 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.