STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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

Form C-104 Revised 10-01-78 Format 06-01-63

REQUEST FOR ALLOWABLE

Poenarion office	AND		
AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS		
Operated .			
Southland Royalty Company	e.		
Assess			
P. O. Box 4289, Farmington, NM 87499			
Ressents for tiling (Check proper son)	Other (Please expiain)		
New Well Change is Transperser els			
	Dry Ges		
Change in Ownership Casinghood Gas (X)	Condensate		
I change of ownership give name	· · · · · · · · · · · · · · · · · · ·		
and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Loose Name Well No. Pool Name, including	Canal		
Culpepper Martin 12 Blanco Mesa	Verde State. Federal of (Fee) Fee		
Location	1650		
Unit Letter N : 990 Feet From The South	Ine andFeet From The		
20 - 32N	12W San Juan		
Line at Section 20 Township 324 Range	, NMPM, Ball Odall Ca		
W DESIGNATION OF THE MENONTH OF OUR AND MATTER	T C.C.		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Cit. or Condensate (X)	Againes (Give address to which approved copy of this form is to be sent)		
Meridian Oil Inc.	P. O. Box 1599, Aztec, NM 37410		
Name of Authorized Transporter of Casingheds Gas or Dry Gas	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 all or liquids, Unit , Sec. Twp. Rgs.	is gas actually connected? , when		
give location of tones. N 20 32N 12W			
this production is commingled with that from any other lesse or pool,	give commingling order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.			
7. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISIONS		
	AIIG 1/3 1986		
hereby certify that the rules and regulations of the Oil Conservation Division have een compiled with and that the information given is true and complete to the best of	APPROVED 19		
ly knowledge and belief.	BY Srank J. Javey		
	SHEEDINGOD DICTOR THE		
	TITLE SUPERVISOR DISTRICT # \$		
Sens lake	This form is to be filed in compliance with RULE 1104.		
(Signal B)	If this is a request for allowable for a nawly drilled or deep		
Drilling Cleek fo	well, this form must be accompanied by a tabulation of the devi- tests taken on the well in accordance with AULE 111.		
(Title)	All sections of this form must be filled out completely for al		
9-1-86	able on new and recompleted wells.		
(Base), Q 7	Fill out only Sections I. II. III. and VI for changes of on well name or number, or transporter or other such changes of condi-		