

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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| U.S.S. | |
| LAND OFFICE | |
| TRANSPORTER | <input type="checkbox"/> OIL <input type="checkbox"/> GAS |
| OPERATOR | |
| PERMITS OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Southland Royalty Company

Address
PO 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 checked="" type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------------------|-----------------|--|--|------------------------|
| Lease Name Decker | Well No. 2A | Pool Name, including Formation Blanco Pictured Cliffs | Kind of Lease State, Federal or Fee | Lease No. SF 078147 |
| Location | | | | |
| Unit Letter I | 1700 | South | 1075 | East |
| Feet From The Line and Feet From The | | | | |
| Line of Section 26 | Township 32N | Range 12W | San Juan County | |

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. | PO Box 4289, Farmington, NM 87499 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Sunterra Gas Gathering Co. | P. O. Box 1899, Bloomfield, NM 87413 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit I | Sec. 26 |
| Range 12W | |

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.

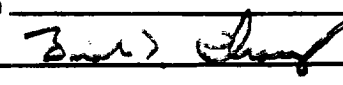
VI. CERTIFICATE OF COMPLIANCE

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)
Drilling Clerk
(Title)
May 15, 1987
(Date)

OIL CONSERVATION DIVISION

JUN 22 1987

APPROVED _____, 19____
BY 
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input 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 Becker | Well No. 2A | Pool Name, including Formation Blanco Mesa Verde | Kind of Lease State, Federal or Fee | Lease No. SF 078147 |
| Location Unit Letter <u>I</u> <u>1700</u> Feet From The <u>South</u> Line and <u>1075</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>32N</u> Range <u>12W</u> NMPM, <u>San Juan</u> County | | | | |

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) PO Box 4289, Farmington, NM 87499 |
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| If well produces oil or liquids, give location of tanks. | Unit <u>I</u> Sec. <u>26</u> Twp. <u>32N</u> Rge. <u>12W</u> Is gas actually connected? <u>When</u> |

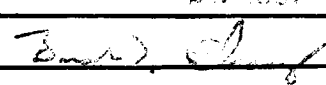
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