

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

**Reasons 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"/> Recombination	<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 Hubbard	Well No. 8	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease (State, Federal or Fee) Fee	Lease _____
Location Unit Letter <u>G</u> : <u>1780</u> Feet From The <u>North</u> Line and <u>1690</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>32N</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, 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, P. O. Box 1899, Bloofield, NM 87413
If well produces oil or liquids, give location of lease.	Unit    Sec.    Twp.    Rge.    Is gas actually connected? when
G    15    32N    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.

Aggy Dook  
(Signature)  
Drilling Clerk  
(Title)  
9-1-86  
(Date)

RECEIVED  
AUG 15 1986  
OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature] AUG 15 1986  
BY \_\_\_\_\_  
TITLE SUPERVISOR 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 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 able on new and recompleted wells.

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

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