

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

RECEIVED

NOV 01 1986

OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Meridian Oil Inc.

Address  
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Meridian Oil Inc. is Operator
<input checked="" type="checkbox"/> Change in <del>Ownership</del> Operatorship	<input type="checkbox"/> Casinghead Gas	for El Paso Production Company
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Jicarilla P. Well No.: 6 Pool Name, including Formation: ~~Overo~~ Pictured Cliffs Kind of Lease: State (Federal) or Fee: Jic Cont 13A

Location

Unit Letter: 0 : 790 Feet From The South Line and 1850 Feet From The East

Line of Section: 27 Township: 24N Range: 5W NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Meridian Oil Inc.	or Condensate: <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent): P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas: El Paso Natural Gas Company	or Dry Gas: <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent): P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit: 0 Sec: 27 Twp: 24N Rge: 5W	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.

*Peggy Doak*  
(Signature)

Drilling Clerk

(Title)  
11-1-86

(Date)

OIL CONSERVATION DIVISION

NOV 01 1986

APPROVED \_\_\_\_\_

BY *[Signature]*

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 multiply completed wells.