

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2048  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Formal 06-00-000  
**RECEIVED**  
NOV 01 1986  
OIL CON. DIV.  
DIST. 3

**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	<input type="checkbox"/> Change in Transporter of:	Other (Please explain) Meridian Oil Inc. is Operator for El Paso Production Company
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in <del>Ownership</del> Operatorship	<input type="checkbox"/> Casinhead Gas <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 Lindrith Unit	Well No. 42	Pool Name, including Formation So. Blanco Pictured Cliffs	Kind of Lease State, (Federal) or Fee	Lease No. SF 078913
Location Unit Letter <u>A</u> : <u>890</u> Feet From The <u>North</u> Line and <u>1090</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>24N</u> Range <u>3W</u> NMPM, <u>Rio Arriba</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) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinhead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	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 Sec. Twp. Rge. A 22 24N 3W

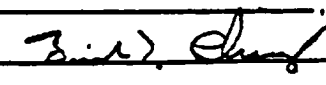
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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)  
11-1-86  
(Date)

OIL CONSERVATION DIVISION  
NOV 01 1986  
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 multiply completed wells.