

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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

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)
☐ New Well ☐ Change in Transporter of:
☐ Recombination ☐ Oil ☐ Dry Gas
☒ Change in Ownership/Operatorship ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
Meridian Oil Inc. is Operator for El Paso Production Company

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 B Well No. 2 Pool Name, including Formation S. Blanca
W. Pictured Cliffs Kind of Lease Jic. Cont 66
State, Federal or Fee
Location G 1750 North 2313 East
Unit Letter : Feet From The Line and Feet From The
34 25N 4W Rio Arriba
Line of Section Township Range NMPM, County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Meridian Oil Inc. or Condensate
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
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 G Sec 34 Twp 25N Range 4W
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.

[Signature]
(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.