

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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FILE	
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

**I. Operator**  
Meridian Oil Inc.  
**Address**  
P. O. Box 4289, Farmington, NM 87499

**Reason(s) for filing (Check proper box)**  
☐ New Well  
☐ Recompletion  
☒ Change in ~~Ownership~~ Operatorship  
**Change in Transporter of:**  
☐ Oil  
☐ Casinghead Gas  
☐ Dry 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** Canyon Largo Unit **Well No.** 57 **Pool Name, including Formation** *Ballard* Large Canyon Pictured Cliffs **Kind of Lease** ( ) **State, Federal or Fee** E-809-A-1b **Lease No.**  
**Location** P 1053 South 990 East  
**Unit Letter** : **Feet From The** **Line and** **Feet From The**  
 36 25N 7W Rio Arriba  
**Line of Section** **Township** **Range** **NMPM,** **County**

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

**Name of Authorized Transporter of Oil** ☐ or **Condensate** ☒  
 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 Casinghead Gas** ☐ or **Dry Gas** ☒  
 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** P **Sec** 36 **Twp** 25N **Ran** 7W **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)  
Drilling Clerk  
(Title)  
11-1-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 1986  
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.