

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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NOV 01 1986

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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
 Recombination
 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 Jicarilla G	Well No. 6	Pool Name, including Formation So. Blanco Pic. Cliffs Ext.	Kind of Lease State (Federal) or Fee	Lease No. Jic Cont 108
Location Unit Letter <u>G</u> ; <u>1110</u> Feet From The <u>North</u> Line and <u>1550</u> Feet From The <u>West</u>				
Line of Section <u>24</u> Township <u>26N</u> Range <u>5W</u> , NMPM, Rio Arriba 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 Casinghead 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 G	Sec. 24	Twp. 26N	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.



(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.