

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

APPROVED DIVISION	
DISTRICT	
OFFICE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	NAT
PRODUCTION	

OIL CONSERVATION DIVISION
P. O. BOX 2078
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-31-79
Format NSC 93
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
NOV 01 1986
OIL CON. DIV.

Operator Meridian Oil Inc.		
Address P. O. Box 4289, Farmington, NM 87499		
☐ New York ☐ New Mexico ☒ Change of Ownership	☐ Change in Transporter ☐ Oil ☐ Dry Gas	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 <u>Wain</u>	Well No. <u>12</u>	Prod. Name, Including Formation <u>Otero Chacra Ext.</u>	Kind of Lease <u>State, Federal or Free</u>	Lease No. <u>SF 979265</u>
Location Unit <u>34</u> <u>1650</u> Feet From The <u>South</u> Line and <u>1700</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>26N</u> Range <u>6W</u> <u>NM</u> Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4289, Farmington, NM 87499</u>
Name of Authorized Transporter of Natural Gas <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4289, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> when <u>Producing</u>

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 D. Oak
(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

NOV 01 1986

APPROVED _____
BY John D. [Signature]
TITLE SUPERVISION DIRECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or reopened 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 a complete or new and recompleting 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 ownership.

Separate Forms C-104 must be filed for each pool in multiply completed wells.