

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF FORMS RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

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

RECEIVED
MAY 12 1986
OIL CON. DIV
DIST. 3

Form C-104
Revised 10-01-78
Format 08-01-83

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
El Paso Natural Gas Company

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Pool Name Change

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease name Nageezi	Well No. 4	Pool Name, including Formation Dufers Pt. Gallup Dakota	Kind of Lease State, Federal or Fee	Lease No. NM 0895
Location				
Unit Letter D	: 1090	Feet From The North	Line and 800	Feet From The West
Line of Section 1	Township 25N	Range 9W	NMPM, San Juan	C.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Trading Inc.	P. O. Box 1599, Aztec, NM 87410
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : when
	D : 1 : 25N : 9W : I

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)
5-2-86

(Date)

OIL CONSERVATION DIVISION
MAY 12 1986
APPROVED _____
BY 

TITLE SUPERVISOR 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 deep well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multicompleted wells.