## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA PE			
FILE			
V.1.0.8.			
LAND OFFICE			
TRAMIPORTER	OIL		
	BAB	•	
OPERATOR			
PRORATION 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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator Meridian Oil Inc.			
P. O. Box 4289, Farmington, NM 87499			
	Meridian Oil Inc. is Operator for El Paso Production Company		
If change of ownership give name El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499			
II. DESCRIPTION OF WELL AND LEASE  Leese Name Harrington  So. Blanco P  Location	ormation Kind of Lease Lease No. Pictured Cliffs State, Mederat & Fee SF 080511		
Unit Letter P 990 Feet From The South Lin	ne and Feet From TheEast		
Line of Section 31 Township 27N Range	7W NMPM, Rio Arriba County		
Meridian Oil Inc.  Name of Authorized Transporter of Cil or Condensate X  Meridian Oil Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas Company  If well produces oil or liquids, give location of tanks.  P 31 27N 7W	Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4289, Farmington, NM 87499  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.			
Orilling Clerk  (Title)  11-1-86	TITLE SUPERVISION DISTRICT # 3  This form is to be filed in compliance with MULE 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 MULE 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.		
NOV 01 1986	Separate Forms C-104 must be filed for each pool in multiply completed wells.		

OIL CON. DIV.