STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTE	3 #	1	
SANTA PE			
FILE			
U.S.G.B.			
LANG OFFICE			
TRANSPORTER	٥		
	944		
OPERATOR .		Щ	
PRODUCTION ACTION			

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Meridian Oil Inc.			
P. O. Box 4289, Farmington, NM 87499			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Theritain off the is operator		
	for El Paso Production Company		
If change of ewnership give name E1 Paso Natural Gas Compand address of previous owner E1 Paso Natural Gas Compa	any, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
San Juan 27-5 Unit Well No. Pool Name, Including F 47 So. Blanco Pi	ic. Cliffs Ext. State, (Federal) or Fee SF 079391		
Location K 1500 Feet From The South Lin	ne and 1750 Feet From The West		
Line of Section 18 Township 27N Range	5W NMPM, Rio Arriba County		
HI DESIGNATION OF TRANSPORTER OF OU AND MATURAL	I CAS		
Name of Authorized Transporter of Cit or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas ar Dry Gas A			
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499		
If well produces oil or liquids. Give location of tanks. K 18 27N 5W			
If this production is commingled with that from any other lease or pool,	give commingling order numbers		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
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.	Sunt Cham		
my knowledge and octati	SUPERVISION DISTRICT # 3		
	TITLE TITLE		
Season Josh	This form is to be filed in compliance with RULE 1104.		
(Signature) Drilling Clerk	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 AULE 111.		
11-1 50 F F S	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
(Date)	Fill out only Sections I, II, 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.		
OT 1300			

OIL CON. DIV.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

00. 00 10F110 SEEEMED			
DISTRIBUTION			
SANTA FE			
FILE		\coprod	
V.8.0.8.			
LANG OFFICE			
TRANSPORTER	OIL		
	94		
OPERATOR.			
PRODATION 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

<u>I.</u>				
Meridian Oil Inc.				
Address				
P. O. Box 4289, Farmington, NM 87499				
Roosen(s) for filing (Check proper box)	Other (Please explain)			
Now Well Change in Transporter el:	Meridian Oil Inc. is Operator			
Recompletion Oil D	for El Paso Production Company			
Change INCHANGENOPERATORShip Casinghood Gas 💢 Ca	ondensete :			
If change of awaership give neme no D	B 0 B 4000 F			
If change of ewnership give name El Paso Natural Gas Compa	iny, P. U. Box 4289, Farmington, NM 87499			
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Post Name, Including F				
San Juan 27-5 Unit 47 Blanco Mesa V	Verde State, Federal de Fee SF 079391			
K 1500 South	1750 West			
Unit Letter K 1500 Feet From The South Lin	te andFeet From The			
18 Tarrette 27N	5W NEED Rio Arriba Comer			
Line of Section Township 2714 Range	JW , NMPM, RIO ALLIDA County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS			
Name of Authorized Transporter of Cit or Condensate	Address (Give address to which approved copy of this form is to be sent)			
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499			
Name of Authorized Transporter of Casinghead Gas ar Dry Gas A	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. K 18 27N 5W	Is gas actually connected? When			
If this production is commingled with that from any other lease or pool.	give commingling order numbers			
NOTE: Complete Parts IV and V on reverse side if necessary.				
NOIL. Complete tuits if and if on reverse side if necessary.	1			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED NOV 01 1985			
been complied with and that the information given is true and complete to the best of				
my knowledge and belief.	BY David			
	TITLE SUPERVISION DISTRICT # 3			
	This form is to be filed in compliance with MULE 1104.			
iggy holl	If this is a request for allowable for a newly drilled or deepened			
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.			
Drilling Clerk	All sections of this form must be filled out completely for allow-			
able on new and recompleted wells.				
Fill out only Sections I. II. and VI for changes of o well name or number, or transporter or other such change of cond				
TU (U)	Separate Forms C-104 must be filed for each pool in multiply			
NOV DA 1986	completed wells.			

OIL CON. DIV