

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.E.D.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
REGISTRATION OFFICE	

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

Form C-104
Revised 10-01-78
Formal 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator El Paso Natural Gas Company	
Address P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Gas ☒ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-5 Unit	Well No. 105	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal) or Fee SF 079491A	Lease No.
Location Unit Letter N : 820 Feet From The South Line and 1500 Feet From The West Line of Section 11 Township 27N Range 5W , N.M.P.M., Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1599, Aztec, New Mexico 87410
Name of Authorized Transporter of Gas or Dry Gas ☐ Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 8900, Salt Lake City, Utah 84110
If well produces oil or liquids, give location of tanks. Unit 11 Sec. 27N Twp. 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.

Peggy Doak
(Signature)
Drilling Clerk

(Title)
RECEIVED
JUN 11 1986
OIL CONSERVATION DIV.

OIL CONSERVATION DIVISION

APPROVED **JUN 11 1986**
BY *[Signature]*
SUPERVISOR DISTRICT # 2
TITLE _____

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.