

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

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

Form C-104
Revised 10-01-79
Format 08-01-79
Page 1

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL CON. DIV.
331.3

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

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 Turner B Com H	Well No. 13	Pool Name, including Formation So. Blanco Picured Cliffs	Kind of Lease State, Federal or Fee	Lease No. E-7591-2
Location Unit Letter <u>N</u> : <u>795</u> Feet From The <u>South</u> Line and <u>1835</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>26N</u> Range <u>8W</u> NMPM. San Juan				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ 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 Gaslinehead Gas ☐ or Dry Gas ☒	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. Rce. Is gas actually connected? when
	N 2 26N 8W

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.

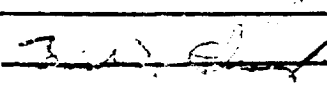
VI. CERTIFICATE OF COMPLIANCE

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)
11-1-86
(Date)

OIL CONSERVATION DIVISION

NOV 01 1985

APPROVED _____, 12
BY 
TITLE SUPERVISOR DISTRICT #

This form is to be filed in compliance with RULE 11.1.
If this is a request for allowable for a newly drilled or recompleted well, this form must be accompanied by a tabulation of the test data taken on the well in accordance with RULE 11.1.
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 operator, well name or number, or transporter or other such change of information.
Separate Forms C-104 must be filed for each pool in existing completed wells.