

OIL CONSERVATION COMMISSION
P. O. BOX 871
SANTA FE, NEW MEXICO

DATE 9/6/60

Re: Operator El Paso Natural Gas Co.

Lease Huerfano

Well # 67 Unit Letter C S 6 T 26

R 10 POOL West Kutz PC

☒ CURTAILMENT NOTICE

Re: Shut-In Notice No. Redist Schedule Dated 7/31/60

The production for the above well for the month of July
as reflected by C-114's shows the curtailment volume to be 2389
MCF as of the end of July. Since your August allowable is in
excess of the curtailment volume, you are hereby authorized to produce 8551
MCF during the month of August, but in no event shall the well's production exceed
that amount.

☐ CANCELLATION OF SHUT-IN NOTICE

No. _____ Dated _____

The production for the above well for the month of _____
as reflected by _____ shows that the curtailment volume shown on the Shut-In
Notice has been made up.

You are hereby authorized to resume production of the above referenced
well.

OIL CONSERVATION COMMISSION

ORIGINAL SIGNED
BY BY FRED MARES
GAS PRORATION SECTION

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Meridian Oil Inc.

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) Meridian Oil Inc. is Operator for El Paso Production Company
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
<input type="checkbox"/> Change in Operatorship	<input type="checkbox"/> Dry Gas	<input type="checkbox"/> 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 Huerfano Unit	Well No. 67	Pool Name, including Formation West Kutz Pictured Cliffs	Kind of Lease State (Federal) or Fee	Lease No. SF 080425A
Location				
Unit Letter <u>C</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>6</u> Township <u>26N</u> Range <u>10W</u> NMPM, <u>San Juan</u> County				

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 Inc.	P. O. Box 4289, Farmington, NM 87499
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.	Is gas actually connected? <input type="checkbox"/> when
Unit <u>C</u> Sec. <u>6</u> Twp. <u>26N</u> Rge. <u>10W</u>	

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 1980

APPROVED _____, 19 _____

BY 

TITLE SUPERVISION 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 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.