

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
JUL 18 1986  
OIL CON. DIV.

I. Operator

El Paso Natural Gas Company

Address

P. O. Box 4289, Farmington, NM 84799

Reasons for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Reconnection	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

Well reconnected after compressor installed 5-1-86.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moncrief Com	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease (State, Federal or Fee)	Lease No. E-9895-3
Location				
Unit Letter B	820	Feet From The North	Line and 1840	Feet From The East
Line of Section 16	Township 26N	Range 11W	San Juan	

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 1599, Aztec, NM 87410
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 84799
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit B	Sec. 16
Twp. 26N	Rge. 11W

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

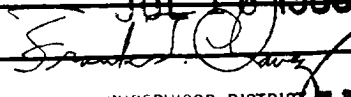
(Title)

7-18-86

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 18 1986

BY   
TITLE SUPERVISOR 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 de well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of con

Separate Forms C-104 must be filed for each pool in m completed wells.