STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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

LANG OFFICE		
TRANSPORTER GAS REQUEST FO	OR ALLOWABLE	
	AND OF THE STATE O	
I. AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS"	
Operator		
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: Meridian Oil Inc. is Operate		
	for El Paso Production Company	
X Change w Children NO Operatorship Casinghead Gas	Condensere	
If change of ownership give name El Paso Natural Gas Comp	any B O Box 4390 Formington NV 97100	
and address of previous owner	any, P. O. Box 4289, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, including	Lease No.	
Ballard llE Basin Dakota	State Federal or Fee NM 03154	
L 1540 South	800 West	
•	ine and Feet From The	
15 26N	9W San Juan	
Line of Section Township Pange	, NMPM, County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	I. GAS	
Name of Authorized Transporter of Cit or Condensate	Andreas (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 37499	
Name of Authorized Transporter of Casingness Gas ar Cry Gaz 🛣 El Paso Natural Gas Company	of Dry Gasia. Address (Give address to which approved copy of this form is to be sent)	
LI raso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499	
If well produces oil or liquids. L 15 , 26N 9W	is gas detually connected?	
give location of lants.		
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.		
	OIL CONCEDVATION ON VICION	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION NOV 0.1 1986	
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED	
been complied with and that the information given is true and complete to the best of my knowledge and belief.		
any knowledge and benefit.	BY	
	TITLE SUPERVISION DISTRICT # 3	
	This form is to be filed in compliance with sung 1104.	
1990 Soor	If this is a request for allowable for a newly drilled or despens	
(Signature) Drilling Clonk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Augg 111.	
Drilling Clerk (Tule)	All sections of this form must be filled out completely for allow	
11-1-86	able on new and recompleted wells.	
/Date)	Fill out only Sections I. II. III, and VI for changes of owner,	

I 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.