

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2052
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1 of 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

☐ New Well
☐ Accomplishment
☒ Change in ~~Ownership~~ Operatorship
☐ Change in Transporter of:
☐ Oil
☐ Gas
☐ Condensate

Other (Please explain)

Meridian Oil Inc. is Operator
for El Paso Production Company

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 Burroughs	Well No. 11	Pool Name, including Formation So. Blanco Pictured Cliffs	Kind of Lease State, Federal or Free	Lease No. E-3148-2
Location Unit Letter <u>B</u> : <u>1080</u> Feet From The <u>North</u> Line and <u>1450</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>26N</u> Range <u>8W</u> NMPM, <u>San Juan</u> 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 4289, Farmington, NM 87499
Name of Authorized Transporter of Gasinead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>2</u> Twp. <u>26N</u> Rge. <u>8W</u> Is gas actually connected? ☐ When <u>11-1-86</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

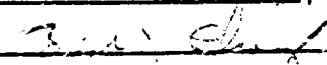
I hereby certify that the rules and regulations of the Oil Conservation Division have
been complied with and that the information given is true and complete to the best of
my knowledge and belief.


(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

NOV 01 1986

APPROVED _____, 19

BY 

TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or completed
well, this form must be accompanied by a tabulation of the location
tests taken on the well in accordance with RULE 1101.

All sections of this form must be filled out completely for allow-
able 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 information.

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