

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF TOWNSHIP SECTIONS	
DISTRICTION	
SANTA FE	
FILE	
W.C.S.D.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
OPERATOR OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
El Paso Natural Gas Company

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Condensate Gas	<input checked="" type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-5 Unit	Well No. 30A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or (Fee)	Fee	Lease No.
Location					
Unit Letter D	: 1100 Feet From The North Line and 800 Feet From The West				
Line of Section 22	Township 28N	Range 5W	County Rio Arriba		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1599, Aztec, New Mexico 87410			
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 D	Sec. 22	Twp. 28N	Reg. 5W	Is gas actually connected? _____	When _____

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.

Regan Oaks

(Signature)
Drilling Clerk

(Title)
5-17-86

(Date)

RECEIVED
JUN 11 1986
OIL CON. DIV.
DIST. 9

OIL CONSERVATION DIVISION

JUN 11 1986

APPROVED _____

BY *Frank J. Cawley*

TITLE _____ SUPERVISOR DISTRICT 9

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.