

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Meridian Oil Inc.

Address
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	Operatorship		

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, PO Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-4 Unit NP 4	Well No. 4	Pool Name, including Formation Choza Mesa Pic. Cliffs	Kind of Lease State (Federal or Fee)	Lease No. SF 079761
Location				
Unit Letter B	990	Feet From The North	Line and 1650	Feet From The East
Line of Section 35	Township 29N	Range 4W	NMPM, Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil Meridian Oil Inc.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 35
	Twp. 29N	Rge. 4W
	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.


(Signature)
Drilling Clerk
(Title)
November 1, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED  JAN 06 1989
BY
TITLE SUPERVISOR DISTRICT 22 E

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 multiple completed wells.