

CO. OR COMM. OFFICE			
INSTRUCTIONS			
IDENTIFY			
FILE			
CLASS			
LABOR OFFICE			
TRANSPORT		DATE	
		TIME	
OPERATOR			
OPERATION OFFICE			

P. O. BOX 2088

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

1. Owner El Paso Natural Gas Company	
Address P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box) ☐ New Well ☐ Recombination ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Condensed Gas ☒ Dry Gas ☒ Condensate
Other (Please explain)	

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-7 Unit	Well No. 61	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State (Federal) or Free	Lease No. SF 078425
Location Unit Letter <u>N</u> : <u>950</u> Feet From The <u>South</u> Line and <u>1740</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>29N</u> Range <u>7W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒				Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.				P. O. Box 1599, Aztec, New Mexico 87410	
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☒				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 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Reg.	Is gas actually connected? When
	N	34	29N	7W	

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.

Scaggs Oak
(Signature)
Drilling Clerk
(Title)
5-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED: _____ JUN 11 1986
BY: Frank J. [Signature]
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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE III.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation or other such change of condition.

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