STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA PE			П
FILE			
V.4.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	g As		
OPERATOR			
PROBATION OFFICE			

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION ASSESSED	PORT 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:		
	for El Paso Production Company	
	ondensate	
If change of ownership give name E1 Paso Natural Gas Compa	ny, P. O. Box 4289, Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE	•	
Lease Name Weil No. Pool Name, including F	ormation Kind of Lease No.	
San Juan 29-7 Unit 124 Basin Dakota	State(Federal) or Fee SF 078945	
Location		
Unit Letter L : 1850 Feet From The South Lin	e and 1170 Feet From The West	
Line of Section 28 Township 29N Range	7W , NMPM, Rio Arriba County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter of Cit or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghedd 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, Unit Sec. Twp. Rge.	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.		
NOTE. Complete lans is and som reverse side if necessary.	II.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have		
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.	BY	
	P. P	
	TITLE SUPERVISION DISTRICT # 3	
Vaca 1/ Lat	This form is to be filed in compliance with RULE 1104.	
(Signature)	If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation	
Drilling Clerk	tests taken on the well in accordance with AULE 111.	
(Title)	All sections of this form must be filled out completely for allow able on new and recompleted wells.	
11-1-86	Fill out only Sections I, II, III, and VI for changes of owner	
(Deta)	weil name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply	
EFD ST.	completed wells.	