

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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

RECEIVED
FEB 03 1986
OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 08-01-83

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) Other (Please explain)

<input checked="" 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 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 29-7 Unit	Well No. 45E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Free	Lease SF 078424
Location Unit Letter <u>M</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>29N</u> Range <u>7W</u> , NMPM, Rio Arriba Cou				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

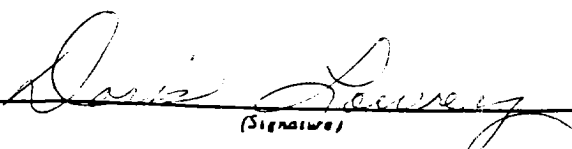
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 : M Sec. : 20 Twp. : 29N Rge. : 7W
Is gas actually connected?	No

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)
2-2-86
(Date)

OIL CONSERVATION DIVISION
FEB 12 1986
APPROVED _____
BY Original Signed by FRANK T. CHAVEZ
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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit
Separate Forms C-104 must be filed for each pool in mult completed wells.

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ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
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SANTA FE, NEW MEXICO 87501

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Page 1

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TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
REGULATOR OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Condensate Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-7 Unit	Well No. 45E	Pool Name, including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee	Lease No. SF 078424
Location				
Unit Letter <u>M</u>	: <u>790</u> Feet From The <u>South</u>	Line and <u>790</u> Feet From The <u>West</u>		
Line of Section <u>20</u>	Township <u>29N</u>	Range <u>7W</u>	<u>NMPM</u>	<u>Rio Arriba</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Meridian Oil Inc.</u>	<u>P. O. Box 1599, Aztec, New Mexico 87410</u>
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 4289, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: <u>M</u> Sec.: <u>20</u> Twp.: <u>29N</u> Rng.: <u>7W</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.

Sean Quak
(Signature)

Drilling Clerk

(Title)
5-1-86

(Date)

RECEIVED
JUN 11 1986
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION

APPROVED JUN 11 1986
BY Frank J. Quak
TITLE SUPERVISOR DISTRICT

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