## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA PE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	BAS	·	
OPENATOR			
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

AUTHORIZATION TO TRANSPORT 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 Weil Change in Transporter of:	Meridian Oil Inc. is Operator		
	for El Paso Production Company		
	Condensate		
If change of ownership give name El Paso Natural Gas Compand address of previous owner El Paso Natural Gas Comp	pany, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE	Two at Lease		
Lease Name Well No. Pool Name, including	1		
San Juan 29-7 Unit   56   Blanco Mesa	Verde State (Federal) or Fee SF 077842		
Unit Letter A : 990 Feet From The North L	ine and 990 Feet From The East		
Line of Section 15 Township 29N Range	7W , NMPM, Rio Arriba County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit or Condensate	AL GAS    Academia (Give address to which approved copy of this form is to be sent)		
Meridian Oil Inc.			
Name of Authorized Transporter of Casinghead Gas or Dry Gas 📉	P. O. Box 4289, Farmington, NM 87499  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. Rqs. give location of tanks. A 15 29N 7W	!s gas actually connected? When		
If this production is commingled with that from any other lease or pool	l, give commingling order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division hav been complied with and that the information given is true and complete to the best of	APPROVED		
my knowledge and belief.	Supervision distalct #3		
	TITLE		
	This form is to be filed in compliance with RULE 1104.		
(Signature)	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		
Orilling Alerk tests taken on the well in accordance with AULE 111.			
(Title) 11-1-86	All sections of this form must be filled out completely for silow- able on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of owner.		
(Date) NOV	well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply		