

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-21-78
Format 08-01-83
Page 1

NO. OF FORMS RECEIVED	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

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)
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of Oil
 Oil
 Condensate Gas
 Dry Gas
 Condensate
 Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Day	Well No. 2	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 078414A
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>29N</u> Range <u>8W</u> , NMPM, San Juan 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"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1599, Aztec, New Mexico 87410			
Name of Authorized Transporter of Gasohol Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 9	Twp. 29N	Req. 8W
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]
(Signature)
Drilling Clerk

(Title)
5-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] JUN 11 1986
BY _____
TITLE SUPERVISOR DISTRICT # _____

This form is to be filed in compliance with RULE 1184.
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 multiply completed wells.