

Form C-104  
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SANTA FE			
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

**P. O. BOX 2088**

SANTA FE, NEW MEXICO 87501

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**L.**

## Overview

Meridian Oil Inc.

**Address**

P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

**New Well**

## Recompletion

☒ Change in ~~Operatorship~~ Operatorship

**Change in Transporter of:**

**□ 011**

**Casinghead Gas**

☐ Dry Gas

**Condensate**

**Other (Please explain)**

Meridian Oil Inc. is Operator  
for El Paso Production Company

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

## II. DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, <del>Federal</del> or Fee
San Juan 30-6 Unit	84	Blanco Mesa Verde	NM 012694
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>11</u>	Township <u>30N</u>	Range <u>7W</u>	County <u>NMPM, Rio Arriba</u>

### 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)	
Meridian Oil Inc.						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	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	M	11	30N	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.

(Signature)

Drilling Clerk

(Title)

11-1-86

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_ SUPERVISION DISTRICT # 3

**TITLE**

**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 111.

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 transporter, or other such change of condition.

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