

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

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JAN 13 1987

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

I. Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in ~~CONTRACT~~ Operatorship
 Change in Transporter of:
 Oil
 Casinhead Gas
 Dry Gas
 Condensate
 Other (Please explain)
 Meridian Oil Inc. is Operator for El Paso Production Company
Pool change from wildcat

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

Lease Name San Juan 30-6 Unit	Well No. 112Y	Pool Name, including Formation Unders Morrison/Entrada	Kind of Lease State (Federal or Fee)	Lease No. SF 078741
Location Unit Letter <u>A</u> : <u>1120</u> Feet From The <u>North</u> Line and <u>870</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>30N</u> Range <u>6W</u> . NMPM, <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"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinhead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Co	Address (Give address to which approved copy of this form is to be sent) PO Box 8900, Salt Lake City, UT 84110
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. 26 30N 6W	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)
 11-1-86
 (Date)

OIL CONSERVATION DIVISION
 APPROVED JAN 13 1987
 BY [Signature]
 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 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 multiphase completed wells.

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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JAN 13 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator El Paso Natural Gas Company

Address PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner Phillips Petroleum, 8055 Tufts Ave. Pky, Denver, CO 80237

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 30-6 Unit</u>	Well No. <u>112Y</u>	Pool Name, including Formation <u>Wildcat</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF 078741</u>
Location				
Unit Letter <u>A</u>	<u>1120</u> Feet From The <u>North</u> Line and <u>870</u> Feet From The <u>East</u>			
Line of Section <u>26</u>	Township <u>30N</u>	Range <u>6W</u>	, NMPM, <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>PO Box 4289, Farmington, NM 87499</u>
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)
<u>Northwest Pipeline Co</u>	<u>PO Box 8900, Salt Lake City, UT 84110</u>
If well produces oil or liquids, give location of tanks.	is gas actually connected? When
Unit <u>26</u> Sec. <u>30N</u> Twp. <u>6W</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.


(Signature)

Drilling Clerk
(Title)

September 10, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED Franklin Davis JAN 13 1987
BY _____
SUPERVISOR DISTRICT # 3
TITLE _____

This form is to be filed in compliance with RULE 1104.
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