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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERIDIAN OIL INC.  
~~El Paso Natural Gas Company~~

Address  
P.O. BOX 4289, FARMINGTON, NM 87499

Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	POOL NAME & DEDICATION CHANGE
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. 440	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease State, (Federal) or Fee	Lease No. SF-08713B
Location				
Unit Letter <u>N</u> ; <u>1115</u> Feet From The <u>South</u> Line and <u>1730</u> Feet From The <u>West</u>				
Line of Section <u>15</u> Township <u>30N</u> Range <u>6W</u> NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

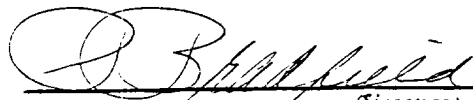
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
MERIDIAN OIL INC.	P.O. BOX 4289, FARMINGTON, NM 87499
Name of Authorized Transporter of Castinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company - <u>NPC</u>	PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? when
	N 15 30N 6W

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)  
REGULATORY AFFAIRS  
(Title)  
DECEMBER 27, 1988  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **JAN 17 1989**, 19\_\_\_\_  
BY ORIGINAL SIGNED BY ERNIE BUSCH  
DEPUTY OIL & GAS INSPECTOR, DIST. #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 deeper well, this form must be accompanied by a tabulation of the deviat 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 own well name or number, or transporter, or other such change of condit:  
Separate Forms C-104 must be filed for each pool in multi completed wells.