STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			1
SANTA PE			
FILE		<u> </u>	
U.1.0.1.			
LAND OFFICE			
TRANSPORTER	OIL		
	BAB	·	
OPERATOR			
PRORATION 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 PROMATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Operator El Paso Natural Gas	Meridian Oil Fix			
PO Box 4289, Farmin				
Reason(s) for filing (Check proper box)	ing con, Nr. 07433	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	orr z	Pool Name & Dedication Change		
Change in Ownership	Casinghead Gas	Condensate :		
If change of ownership give name and address of previous owner	<u> </u>			
II. DESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, including		No.	
San Juan 30-6 Unit	459 Basin Fru	itland Coal State Federal pr Fee SF-080712		
Unit Letter L : 1490		ine and 1188 Feet From The West 6W , NMPM, Rio Arriba Cour		
III. DESIGNATION OF TRANSPO		LL GAS Aggress (Give address to which approved copy of this form is to be sent)		
Meridian Oil Inc. Name of Authorized Transporter of Casing	nead Gas i or Dry Gas i X	PO Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Ga	the state of the s	PO Box 4990, Farmington, NM 87499		
L	L 2 BON 6W	is gas actually connected? , when		
If this production is commingled with the NOTE: Complete Parts IV and V of		, give commingling order number:	—	
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.		1 - 50		
A Brade	e e e	TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or disept		
Regulatory Affairs tests taken on the w		well, this form must be accompanied by a tabulation of the deviatests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all		
December 27, 1988 able on new and recompleted wells.				
(Date)		well name or number, or transporter, or other such change of condi- Separate Forms C-104 must be filed for each pool in multi completed wells.	tior	