

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>POOL NAME & DEDICATION CHANGE</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead 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 <u>San Juan 30-6 Unit</u>	Well No. <u>445</u>	Pool Name, including Formation <u>BASIN FRUITLAND COAL</u>	Kind of Lease State, Federal or Fee) <u>Fee</u>	Lease No.
Location Unit Letter <u>L</u> ; <u>1450</u> Feet From The <u>South</u> Line and <u>1025</u> Feet From The <u>West</u> Line of Section <u>13</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"/> <u>MERIDIAN OIL INC.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 4289 FARMINGTON, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>EL PASO NATURAL GAS CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 4289 FARMINGTON, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when <u>L 13 30N 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)

REGULATORY AFFAIRS
(Title)

DECEMBER 27, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 17 1989, 19____
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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 condition.

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