

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF LEASES COVERED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
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	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casingshed Gas	<input checked="" type="checkbox"/> Condensate		
<input type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal) or Fee	Lease No. SF 068990
Location				
Unit Letter <u>H</u>	: <u>1750</u> Feet From The <u>North</u>	Line and	<u>1090</u> Feet From The <u>East</u>	
Line of Section <u>8</u>	Township <u>29N</u>	Range <u>12W</u>	<u>NMPM</u> , <u>San Juan</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 1599, Aztec, New Mexico 87410
Name of Authorized Transporter of Casingshed 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. : Rng. : Is gas actually connected? : When
H : 8 : 29N : 12W	

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.

Reggie Oval
(Signature)
Drilling Dept
(Title)
5-1-86
(Date)

RECEIVED
JUN 11 1986
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION
JUN 11 1986

APPROVED _____
BY Frank J. O'Connell
SUPERVISOR

This form is to be filed in compliance with RULE 1106.
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 allowables 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.