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TRANSPORTER	OIL	
	GAS	
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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 ~~OWNERSHIP~~ Operatorship

Change in Transporter of:
☐ Oil
☐ Casinghead Gas

☐ Dry Gas
☐ Condensate

Other (Please explain)
Meridian Oil Inc. is Operator
for El Paso Production Company

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Nye	10	Aztec Fruitland	State, Federal or Fee	SF 078197

Location

Unit Letter ___ G ___ : ___ 1500 ___ Feet From The ___ North ___ Line and ___ 1840 ___ Feet From The ___ East ___

Line of Section ___ 9 ___ Township ___ 29N ___ Range ___ 10W ___ . NMPM, ___ San Juan ___ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

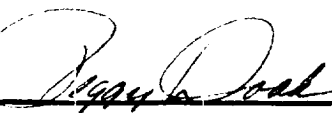| Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	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.	Rge.	Is gas actually connected?	When
	G	9	29N	10W		

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)

(Date)

RECEIVED
NOV -1 1986
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION
NOV - 1 1986

APPROVED _____ , 19 ___

BY _____

TITLE ___ SUPERVISION 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 multiply completed wells.