STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P. O. 60 X 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 08-01-83 Page 1

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Operator		
El Paso Natural Gas Company	•	
P. O. Box 4289, Farmington, NM 87499		
Roseon(s) for liling (Check proper tox)	Qiher (Please explain)	
Now Well Change in Transporter eli	_	
	Dry Ges	
Cantage to Contarakty Cantageness Gas (X) C	Contensero	
If change of ownership give name and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE West No. Pool Name, including	- Vice of Land	
Riddle B 1A Aztec Picture		
Lormies		
Unit Letter I : 1600 Feet From The South Lin	ne and Feet From The East	
701	10W San Juan	
Line of Section 27 Township 30N Range	10W , NMPU, County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	I GAS	
Name of Authorized Transporter of QII ar Condensate	Address this address to which approved rapy of this form is in as sent)	
Meridian Oil Inc.	P. O. Box 1599, Aztec, New Mexico 87410	
Name of Authorized Transporter of Casingness Gas (er Dry Gas). El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499	
If well produces oil or liquids. Unit Sec. Twp. Rec. qive location of tents. I 27 30N 10W	Is que octually connected? , When	
If this production is commingled with that from any other lesse or pool,	give commungling order numbers	
NOTE: Complete Parts IV and V on reverse side if necessary.		
	11	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
I hereby cerufy that the rules and regulations of the Oil Conservation Division have	APPROVED	
been complied with and that the information given is true and complete to the best of my knowledge and belief.	Drank J. Jave	
	TITLE SUPERVISOR DETRICT # 3	
Jeagn Jock	This form is to be filed in compliance with RULE 1164. If this is a request for allowable for a newly drilled or deepened	
(Signature) Dwilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULS 111.	
Comp o -	All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Date)	Fill out only Sections ! If IT and If for shours a	
Jii.	wast name of named, or densported of other such change of condition	
JUN 1 1 1986	Separate Forms C-104 must be filled for each pool in multiply completed wells.	
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