## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION		Γ	
SANTA PE			
FILE			
U.8.0.4.			
LAND OFFICE			
THANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION 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

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Change in Transporter oil:   Change in Change in Transporter oil:   Change of ownership give name in the cash of the change of ownership give name in the cash of t	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Address   P. O. Box 4289, Farmington, NM 87499	1 - 1			
New Well   Change of General Paso Natural Gas Company   Dry Gas   Condensors   Co	Address			
New Well   Change in Trensporter of:   Ott   Dry Gas   Candensate				
Recompletion  If change of ownership give name   E1 Paso Natural Gas Company   For E1 Paso Production Company    If change of ownership give name   E1 Paso Natural Gas Company   P. O. Box 4289, Farmington, NM 87499    II. DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, including Formation   Store, Federal or fee   Federal	leeson(s) for filing (Check proper box) Other (Please explain)			
If change of ownership give name E1 Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499  If change of ownership give name E1 Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499  II. DESCRIPTION OF WELL AND LEASE  Lease Name Allison Unit 40 Basin Dakota Stoke, Federal or fee ) Fee  Line of Section 19 Township 32N Fange 6W NMFM. San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Norme of Authorized Transporter of Calingheed Cas or Cry Gas (A) Address (Give address to which approved copy of this form is to be sent)  Meridian Oil Inc.  P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)  Northwest Pipeline Corp.  If well producted oil or Iduids.  If well production is commingted with that from any other lease or pool, give commingting order number:  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE  Interby 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.  This form is to be filed in compliance with Rule 1104.  If this is a request for allowable for a newly drilled or despensed will, this form must be filled out completely for allowable on new and recompleted with a Use 111.  All sections of the own the Authorities to the life out completely for allowable on new and recompleted wills.  Fill out only Sections I. II. III. and VI for changes of owner.  Fill out only Sections I. II. III. and VI for changes of owner.				
If change of ownership give name and eddress of previous owner E1 Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499  II. DESCRIPTION OF WELL AND LEASE  Lease Name    West No.   Pool Name, including Formation   Kind of Lease   Lease No.		Tot Et laso l'iodaccion company		
DESCRIPTION OF WELL AND LEASE	Change in XOLANIA (Uperatorship Casinghead Gas X) Co	ondensate :		
DESCRIPTION OF WELL AND LEASE	If change of ownership give name El Paso Natural Gas Compa	any, P. O. Box 4289, Farmington, NM 87499		
Lease Name   Allison Unit   40   Basin Dakota   State, Federal or Fee   Fee		·		
Allison Unit  40 Basin Dakota  Store, Federal or (***) Fee  Line of Section  19 Township 32N Range 6W NMPM, San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Norma of Authorised Transporter of Oil or Concensed Designed Gas of Dry Gas Designed Cas or Concensed Designed Gas or Cry Gas Designed Gas De		ormation Kind of Lease Lagran No.		
Line of Section   19   Township   32N   Range   6W   NMPM.   San Juan   County				
Line of Section 19 Township 32N Range 6W NMPM. San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    North		1 / 100		
Line of Section 19 Township 32N Ronge 6W NMPM, San Juan County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Norms of Authorized Transporter of Cli or Condensate Address (Give address to which approved copy of this form is to be sent)  Meridian 0il Inc.  Northwest Pipeline Corp.  If well produces oil or liquide, give location of tones.  A 19 32N 6W  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  Thereby 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.  This form is to be filled 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 is accordance with RULE 11104.  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,	A 1000 Feet From The North	e and 990 Feet From The East		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil				
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