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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

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

1. **OPERATOR**
Address
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

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Pinon Mesa A	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, (Federal or Foreign)	Lease No. MOO-C-1420-0626
Location Unit Letter <u>O</u> : <u>1020</u> Feet From The <u>South</u> Line and <u>1870</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>31N</u> Range <u>14W</u> , NMPM, <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 4289, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead 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.	Rge.	Is gas actually connected?	When			
	0	36	31N	14W					

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.

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.

Peggy L. Cook
(Signature)
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION
NOV - 1 1952

APPROVED _____, 19____
BY 3-1-1 _____
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with AULG 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 AULG 111.

All sections of this form must be filled out completely for allowance 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.

NOV - 1
OL CON COM.
DIST. 3