

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1
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DEC 30 1988
OIL CON. DIV.
DIST. 3

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
☐ Change in Transporter oil:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

POOL NAME & DEDICATION CHANGE

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lucerne A	Well No. 102	Pool Name, including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Free	Lease No. SF-078389
Location Unit Letter <u>K</u> <u>1450</u> Feet From The <u>South</u> Line and <u>1730</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>31N</u> Range <u>10W</u> N.M.P.M. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ MERIDIAN OIL INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4289, FARMINGTON, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4000, FARMINGTON, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>K</u> <u>9</u> <u>31N</u> <u>10W</u> Is gas actually connected? <u>when</u>

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)

REGULATORY AFFAIRS

(Title)

DECEMBER 27, 1988

(Date)

OIL CONSERVATION DIVISION

DEC 30 1988

APPROVED _____, 19

BY 

TITLE SUPERVISION DISTRICT #3

This form is to be filed in compliance with N.M.A.C. 11.04.
If this is a request for allowable (or a newly drilled or deep well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with N.M.A.C. 11.11.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of data.

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

1. *Pharmaceuticals* (1997) 10, 11.

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