

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Form 08-01-43
Copy 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Company Meridian Oil Inc.	
Address P. O. Box 4289, Farmington, NM 87499	
Reasons for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Reoperation ☐ Change in Ownership	Meridian Oil Inc. is an Agent for Meridian Oil Production Inc.
Change in Transporter of ☐ Oil ☐ Condensate Gas	☐ Dry Gas ☒ Condensate

If change of ownership give name and address of previous owner P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Joint Venture	Well No. 103	Pool Name, including Formation S. Blanco Pictured Cliffs	Kind of Lease State, Federal or Free Jic, Jt Venture
Location Unit Letter <u>B</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>23N</u> Range <u>3W</u> N.M.P.M. Rio Arriba			

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)
Name of Authorized Transporter of Condensate 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.	Is gas actually connected? when
Unit : <u>B</u> , Sec. : <u>10</u> , Twp. : <u>23N</u> , Rge. : <u>3W</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]
(Signature)
Drilling Clerk
(Title)
8-15-86
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] 19 1986
BY [Signature] SUPERVISOR DISTRICT # 3
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or de well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of can
Separate Forms C-104 must be filed for each pool in m completed wells.