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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>El Paso Natural Gas Company</b>				Lease <b>Lindrith Unit</b>		Well No. <b>45</b>	
Unit Letter <b>0</b>	Section <b>14</b>	Township <b>24-N</b>	Range <b>3-W</b>		County <b>Rio Arriba</b>		

Pool <b>So. Blanco Pictured Cliffs</b>	Kind of Lease (State, Fed, Fee) <b>Federal</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>0</b>	Section <b>14</b>	Township <b>24-N</b>	Range <b>3-W</b>
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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)
<b>El Paso Natural Gas Company</b>	

Is Gas Actually Connected? Yes ☐ No ☒

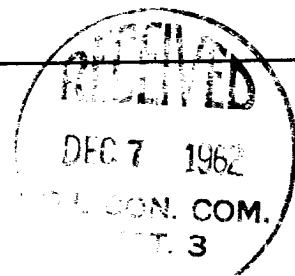
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company</b>		<b>Box 990, Farmington, New Mexico</b>

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING (please check proper box)**

New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 5th day of December, 19 62.

OIL CONSERVATION COMMISSION		By <b>ORIGINAL SIGNED H.E. McANALLY</b>	
Approved by <b>Original Signed Emery C. Arnold</b>		Title <b>Petroleum Engineer</b>	
Title <b>Supervisor Dist. # 3</b>		Company <b>El Paso Natural Gas Company</b>	
Date <b>DEC 7 1962</b>		Address <b>Box 990, Farmington, New Mexico</b>	



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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 08-01-83  
Page 1

RECEIVED  
NOV 01 1986  
OIL CON. DIV.  
DIST. 2

I.

Operator  
Meridian Oil Inc.

Address  
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership/Operatorship			

Other (Please explain)  
Meridian Oil Inc. is Operator for El Paso Production Company

If change of ownership give name and address of previous owner: El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lindrieth Unit	Well No. 45	Pool Name, including Formation So. Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF 078912
Location Unit Letter <u>0</u> : <u>1000</u> Feet From The <u>South</u> Line and <u>1600</u> Feet From The <u>East</u>				
Line of Section <u>14</u> Township <u>24N</u> Range <u>3W</u> NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

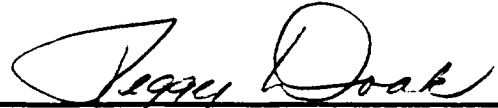
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>14</u> Twp. <u>24N</u> Rge. <u>3W</u>	Is gas actually connected? <input type="checkbox"/> when <u>                    </u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

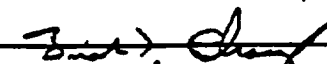
NOTE: Complete Parts IV and V on reverse side if necessary.

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)  
Drilling Clerk  
(Title)  
11-1-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 1986, 19  
BY   
TITLE SUPERVISION DISTRICT # 3

This form is to be filed 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 in accordance with RULE 111.  
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, 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.