

STATE OF NEW MEXICO
DEPARTMENT OF MINERALS

PROPERTY NO.	
SECTION	
TOWNSHIP	
RANGE	
COUNTY	
WELL NO.	
DATE	
BY	
REMARKS	

OIL CONSERVATION DIVISION
P. O. BOX 1034
SANTA FE, NEW MEXICO 87501

Form O-104
Rev. 1-1-60
Form 08-01-63
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87409

Is this well being drilled or reworked?
☐ Yes ☐ No

Is this well being abandoned?
☐ Yes ☐ No

Is this well being operated?
☒ Yes ☐ No

Is this well being transported?
☐ Yes ☐ No

Is this well being produced?
☐ Yes ☐ No

Is this well being sold?
☐ Yes ☐ No

Is this well being leased?
☐ Yes ☐ No

Is this well being owned?
☐ Yes ☐ No

Is this well being operated by Meridian Oil Inc. or El Paso Production Company?
☒ Yes ☐ No

If change of ownership and name of El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87409

II. DESCRIPTION OF WELL AND LEASE

Well Name <u>Canyon Largo Unit</u>	Well No. <u>50</u>	Section <u>30</u>	Township <u>34</u>	Range <u>6W</u>	County <u>San Juan</u>
Location <u>1450</u>	Direction <u>South</u>	Distance <u>1550</u>	Direction <u>West</u>	Distance <u>1550</u>	Direction <u>West</u>
Unit Name <u>1</u>	Feet From The <u>1</u>	Direction <u>1</u>	Distance <u>1</u>	Direction <u>1</u>	Distance <u>1</u>
Line <u>1</u>	Section <u>1</u>	Township <u>34</u>	Range <u>6W</u>	County <u>San Juan</u>	State <u>NM</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4289, Farmington, NM 87409</u>
Name of Authorized Transporter of Gas <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4289, Farmington, NM 87409</u>
Is well produced oil or natural gas? ☒ Yes ☐ No	Is gas actually collected? ☒ Yes ☐ No

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

Date
11-1-86

OIL CONSERVATION DIVISION

NOV 01 1986

APPROVED
[Signature]

BY
[Signature]

TITLE
SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 10.1.

If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the production tests taken on this well in accordance with RULE 10.1.

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

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transportation, other such change of condition.

Separate Form O-104 must be filed for each pool in a multiply completed well.