

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2023
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-2-75
Form 28-11-83
Page 1

NOV 6 1986
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Proposed by Meridian Oil Inc.

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

<input type="checkbox"/> New Well <input type="checkbox"/> Re-completion <input checked="" type="checkbox"/> Change of Ownership/Operatorship	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	Other (Pl. see explain): <u>Meridian Oil Inc. is Operator for El Paso Production Company</u>
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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 <u>Hamilton State</u>	Well No. <u>3</u>	Pool Name, including formation <u>So. Blanco Pictured Cliffs</u>	Kind of Lease <u>30 Day Record or Free</u>	Lease No. <u>P-11182-01</u>
Location: Unit Letter <u>J</u> <u>1840</u> Feet From The <u>South</u> Line and <u>1500</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>26N</u> Range <u>7W</u> <u>10MPM</u> <u>Pic Arriba</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)
<u>Meridian Oil Inc.</u>	<u>P. O. Box 4289, Farmington, NM 87499</u>
Name of Authorized Transporter of Gas, Wet 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)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 4289, Farmington, NM 87499</u>
If well produces oil or wet gas, give location of separator.	Is gas actually connected? <input type="checkbox"/> when _____
Unit <u>J</u> Sec. <u>16</u> Twp. <u>26N</u> Rge. <u>7W</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)
11-1-86
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 07 1986
BY [Signature]
TITLE SUBDIVISION SUPERVISOR

This form is to be filed in compliance with RULE 11.11.
If this is a request for allowable for a newly drilled or re-worked well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 11.11.
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 change of owner, well name or number, or transporter, or other such change of information.
Separate Forms C-104 must be filed for each well in multiply completed wells.