

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1  
**RECEIVED**  
NOV 01 1986  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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~~ Operatorship  
 Change in Transporter of:  
 Oil  
 Casinthead Gas  
 Dry Gas  
 Condensate  
 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 <u>Jicarilla G</u>	Well No. <u>13</u>	Pool Name, including Formation <u>So. Blanco Pic. Cliffs Ext.</u>	Kind of Lease State, Federal or Fee <u>Jic Cont 108</u>	Lease No. <u>108</u>
Location Unit Letter <u>A</u> : <u>950</u> Feet From The <u>North</u> Line and <u>1115</u> Feet From The <u>East</u>	Line of Section <u>13</u>	Township <u>26N</u>	Range <u>5W</u>	County <u>Rio Arriba</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <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 87499</u>
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <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 87499</u>
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>13</u> Twp. <u>26N</u> Rge. <u>5W</u>	Is gas actually connected? <input type="checkbox"/> when _____

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.

*Peggy Doak*  
(Signature)  
Drilling Clerk  
(Title)  
11-1-86  
(Date)

OIL CONSERVATION DIVISION  
NOV 01 1986  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *B. W. Duff*  
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.