

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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SEP 09 1985

OIL CON. DIV.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator DIST. 3
MERIDIAN OIL INC.

Address
P. O. BOX 4289; FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operatorship Operatorship	Meridian Oil Inc. is an agent for Meridian Oil Production Inc.
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinthead Gas <input type="checkbox"/> Condensate	

If change of ~~operatorship~~ ^{operatorship} ~~operatorship~~ give name and address of previous owner
El Paso Exploration Company whose name changed, as of 4-10-85, to Meridian Oil Production Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla 120 C	Well No. #22	Pool Name, including Formation South Blanco Pictured Cliff	Kind of Lease Federal Jic. Cont #120
Location Unit Letter <u>0</u> <u>1100</u> Feet From The <u>South</u> Line and <u>1810</u> Feet From The <u>East</u>		Line of Section <u>29</u> Township <u>T26N</u> Range <u>R4W</u> , NMPM, <u>Rio 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"/> 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
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
	0 29 26N 4W

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.


 JAMES R. PERMENTER (Signature)
 ATTORNEY-IN-FACT (Title)
 APRIL 10, 1985 (Date)

OIL CONSERVATION DIVISION
 APPROVED SEP 09 1985, 19____
 BY Frank J. Gandy
 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 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.