STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		Π	
SANTA PE		Ι. Τ	
FILE			
V.1.G.4,			
LAND OFFICE			
TRANSPORTER	016		
	945		
OPERATOR			
PRODATION OFFICE			

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE ALITHOPIZATION TO TRANS	PORT OIL AND NATURAL GAS	
I.		
Operator		
Meridian Oil Inc.		
Address		
P. O. Box 4289, Farmington, NM 87499		
Rooson(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:		
	Meridian Oil Inc. is Operator	
	for El Paso Production Company	
X Change In Change In Change In Cast Inches Cas Cast Cast Cast Cast Cast Cast Cast	Meanage	
If change of generating give name and a second	D O D 4000 Familiate NW 07400	
If change of ownership give name El Paso Natural Gas Compa	iny, P. O. Box 4289, Farmington, NM 87499	
	•	
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, including F		
San Juan 28-5 Unit 23 Blanco Mesa V	Verde State, Federal or Fee SF 079521A	
Location		
Unit Letter H : 1650 Feet From The North Lin	se and 990 Feet From The East	
UNIT CONTROL		
Line of Section 28 Township 28N Range	5W NMPM, Rio Arriba County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	LGAS	
Name of Authorized Transporter of Cit or Congensate	Andress (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.	P. O. Box 4280 Farmington NM 97400	
Name of Authorized Transporter of Casinghedd Gas or Dry Gas A	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Corp.	P. O. Box 8900, Salt Lake City, UT 84110	
Unit Sec. Twp. Rge.	Is gas actually connected? When was a supposition of the same supposition of t	
If well produces oil or liquids.	1	
If this production is commingled with that from any other lease or pool,	give commingling order number:	
NOTE: C. M. D. D. W. W. and V. and annual aide of massagement		
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIFIER	
VI. CERTIFICATE OF COMPLIANCE	₩	
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED	
been complied with and that the information given is true and complete to the best of	Til Chan	
my knowledge and belief.	(A)	
	SUPERVISION DISTRICT # 3	
	TITLE	
	This form is to be filed in compliance with RULE 1104.	
eggy a ball	If this is a request for allowable for a newly drilled or deepened	
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.	
Drilling Clerk		
(Tule)	All sections of this form must be filled out completely for allowable on new and recompleted wells.	
11-1-86	Fill out only Sections I. II. III. and VI for changes of owner,	
(Date)	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.	