

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF FORMS RECEIVED	
EXPIRATION DATE	
DATE PAID	
FILE	
CLASS	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
REGISTRATION 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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**El Paso Natural Gas Company**

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Condensate Gas <input checked="" type="checkbox"/> Dry Gas	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>San Juan 29-7 Unit</b>	Well No. <b>51</b>	Pool Name, including Formation <b>Blanco Mesa Verde</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>SF 078424</b>
Location Unit Letter <b>L</b> : <b>1520</b> Feet From The <b>South</b> Line and <b>970</b> Feet From The <b>West</b> Line of Section <b>21</b> Township <b>29N</b> Range <b>7W</b> , <b>NMPM</b> , <b>Rio Arriba</b> 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"/> <b>Meridian Oil Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1599, Artec, New Mexico 87410</b>
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4289, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks. Unit <b>L</b> Sec. <b>21</b> Twp. <b>29N</b> Rge. <b>7W</b>	Is gas actually connected? _____ 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.

*Deanna Cook*  
\_\_\_\_\_  
(Signature)  
Drilling Clerk  
(Title)  
5-18  
(Date)

**RECEIVED**  
JUN 11 1986  
OIL CON. DIV.  
DIST. 3

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_ JUN 11 1986  
BY *Frank J. O'Connell*  
SUPERVISOR DISTRICT  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1164.  
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.