

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

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
El Paso Natural Gas Company Meridian Oil Inc.

Address  
P.O. BOX 4289, FARMINGTON, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
POOL NAME & DEDICATION CHANGE

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 29-7 Unit</u>	Well No. <u>507</u>	Pool Name, including Formation <u>BASIN FRUITLAND COAL</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>SF-079514</u>
Location Unit Letter <u>B</u> : <u>1005</u> Feet From The <u>North</u> Line and <u>1475</u> Feet From The <u>East</u>	Line of Section <u>13</u>	Township <u>29N</u>	Range <u>7W</u>	County <u>NMPM, Rio Arriba</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input 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 Casinghead 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 fluids, give location of tanks. Unit B Sec. 13 Twp. 29N Rge. 7W 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.

[Signature]  
(Signature)  
REGULATORY AFFAIRS  
(Title)  
DECEMBER 27, 1988  
(Date)

OIL CONSERVATION DIVISION  
JAN 17 1989

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY [Signature]

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 deep well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a well on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of completed wells.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.