

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE FILE	
FILE	
MAIL ROOM	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

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:	<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"/> Gashead Gas	<input checked="" type="checkbox"/> Y

Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Atlantic D Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease <u>State</u> / <u>Order</u> / <u>Fee</u>	Lease No. <u>E-5383</u>
Location Unit Letter <u>L</u> : <u>1582</u> Feet From The <u>South</u> Line and <u>932</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>31N</u> Range <u>10W</u> , <u>NMPM</u> , <u>San Juan</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Meridian Oil Inc.</u>	<u>P. O. Box 1599, Aztec, New Mexico 87410</u>
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 4289, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit : <u>L</u> Sec. : <u>36</u> Twp. : <u>31N</u> Rng. : <u>10W</u> 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.

Jessy D. Oakley
(Signature)
Drilling Clerk
(Title)
5-1-86
(Date)

OIL CONSERVATION DIVISION JUN 14 1986

APPROVED _____
BY Frank J. [Signature]
TITLE _____ SUPERVISOR DISTRICT # _____

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.

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