

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF FORMS DESIGNED	
DISTRIBUTION	
DATE	
FILE	
MAIL	
LABOR OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

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

Form C-104
Revised 10-31-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Owner**
El Paso Natural Gas Company
Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership
☐ Change in Transporter of Oil
☐ Oil
☐ Gas
☐ Condensate
☒ Dry Gas
☐ Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lucerne A	Well No. 4R	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee SF 078389	Lease No. F
Location Unit Letter <u>A</u> : <u>1180</u> Feet From The <u>North</u> Line and <u>1150</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>31N</u> Range <u>10W</u> N.M.P.M., San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorize Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1599, Aztec, New Mexico 87410
Name of Authorize Transporter of Gas ☐ or Dry Gas ☒ 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
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
A 10 31N 10W	

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)
Drilling Clerk
(Title)

RECEIVED
JUN 12 1986
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION
JUN 11 1986

APPROVED *[Signature]*
BY *[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.