## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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

Revised 10-01-78 Format 06-01-63

## REQUEST FOR ALLOWARIE

	AND SPORT OIL AND NATURAL GAS		
El Paso Natural Gas Company			
Address			
P. O. Box 4289, Farmington, NM 87499  Recence(a) for filling (Check proper box)	Giher (Please explain)		
	ry Gea		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE	-		
Brookhaven Com  Weil No. Pool Name, including F  1A Blanco Mesa V			
Unit Letter D : 1120 Feet From The North Lir	1060 Feet Free The West		
	OW , NMPM, San Juan		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL			
Name of Authorized Transporter of Oil or Condensate	Address Cine address to which approved copy of this form is in as sent)		
Meridian Oil Inc.  P. O. Box 1599, Aztec, New Mexico 87410  Name of Authorized Transporter of Castingness Gos or Ory Gas Address (Give address to which approved gast of this form is to account.)			
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499		
If well produces oil or liquids, Unit Sec. Twp. Rec. give location of tents. D 16 31N 10W	is que estually connected?		
If this production is comminged with that from any other lease or pool,	give commingling order numbers		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
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 my knowledge and belief.	Srank 1 191300		
	WINDS DISTRICT TO A		
	TITLE SUPERVISOR DISTRICT # 3		
(leggy Loak)	This form is to be filed in compliance with RULE 1164.  If this is a request for allowable for a newly drilled or despense		
(Signature) Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULS 111.		
W.E.C.E.	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
107-85 G S 1 V 5 D	Fill out only Sections ! If I'll and to for the		
JIII	well name or number, or transporten or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply completed wells.		
'~ COM -			
DIST. 3 DIV.			
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