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

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<b>Operator</b> Meridian Oil Inc.	
<b>Address</b> P. O. Box 4289, Farmington, NM 87499	
<b>Reason(s) for filing (Check proper box)</b> <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operatorship	<b>Other (Please explain)</b> Meridian Oil Inc. is Operator for El Paso Production Company
<b>Change in Transporter of:</b> <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic B	Well No. 26	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or (Fee ) Fee	Lease No.
Location				
Unit Letter <u>N</u>	<u>990</u>	Feet From The <u>South</u> Line and <u>1500</u>	Feet From The <u>West</u>	
Line of Section <u>34</u>	Township <u>31N</u>	Range <u>10W</u>	<u>NMPM,</u>	San Juan 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)	
Meridian Oil Inc.					P. O. Box 4289, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					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
	N	34	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.

*Peggy Leah*  
(Signature)  
Drilling Clerk  
(Title)  
11-1-86  
(Date)

OIL CONSERVATION DIVISION

NOV - 1 1985

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

BY \_\_\_\_\_

TITLE \_\_\_\_\_

**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 AULG 111.

All sections of this form must be filled out completely for allowance 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.

NOV - 1  
OIL CON. COM.  
DIST. 3