STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	41758]	
DISTRIBUTION			
BANTA FE		Γ	
FILE			
V.1.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	BAB		
OPERATOR			
PRORATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PAGRATION OFFICE AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	
I.	- OR TOTE AND TATORAL DAD	
Operater		
Meridian Oil Inc.		
Address		
P. O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Change in Transporter of: Meridian Oil Inc. is Operator	
Recompletion OII Dr	for El Paso Production Company	
Change in/Chinical College atorship Casinghead Gas Co	ondensate	
——————————————————————————————————————		
If change of ownership give name El Paso Natural Gas Compa	uny P O Roy 4280 Farmington NM 87499	
and address of previous owner ET Faso Natural Gas Compa	my, r. o. box 4209, rainingcon, NA 67499	
T DECOMPOSE OF WITH AND LEACE		
II. DESCRIPTION OF WELL AND LEASE [Legae Name Well No. Pool Name, Including Fo	ormation Kind of Lease Lease No.	
Allison Unit 57 Basin Dakota	State, Federal or (***) Fee	
Location STE	(/ Lee	
-	1790 Wort	
Unit Letter K : 1780 Feet From The South Lin	se and 1/80 Feet From The West	
1.7 2011	7t I	
Line of Section 13 Township 32N Range	7W , NMPM, San Juan County	
Name of Authorized Transporter of Casinghead Gas or Dry Gas K Northwest Pipeline Corp. If well produces oil or liquids, Give location of tanks. If this production is commingled with that from any other lease or pool.	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P. O. Box 8900, Salt Lake City, UT 84110 Is gas actually connected? When	
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 NOV - 1 1955 19	
been complied with and that the information given is true and complete to the best of	a ··	
my knowledge and belief.	BY	
	Donath Carlanage	
	SUPERVISION DISTRICT # 3	
	This form is to be filed in compliance with RULE 1104.	
legges house	If this is a request for allowable for a newly drilled or deepened	
(Signature)	well, this form must be accompanied by a tabulation of the deviation	
Drilling Clerk	tests taken on the well in accordance with AULE 111.	
(Title)	All sections of this form must be filled out completely for sllow able on new and recompleted wells.	
11-1-86	Fill out only Sections I. II. III. and VI for changes of owner,	
(Date)	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.	