

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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NOV 01 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.  
DIST. 3

I.

Operator  
Meridian Oil Inc.

Address  
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership/Operatorship			

Other (Please explain)  
Meridian Oil Inc. is Operator for El Paso Production Company

If change of ownership give name and address of previous owner: El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Jicarilla C

Well No.: 2

Well Name, including Formation: *See Blom*  
Wheat Pictured Cliffs

Kind of Lease: Jic. Cont

State, Federal or Fee: 65

Location: M 990 South 835 West

Unit Letter: 15

Feet From The: 25N

Line and: 4W

Feet From The: Rio Arriba

Line of Section: Township: Range: NMPM, County:

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Meridian Oil Inc.	or Condensate: <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent): P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas: El Paso Natural Gas Company	or Dry Gas: <input checked="" type="checkbox"/>	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: 15, Sec: 19, T25N, R4W	Is gas actually connected? <input checked="" type="checkbox"/>	When: 11-1-86

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)  
11-1-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED: NOV 01 1986

BY: *[Signature]*

TITLE: SUPERVISION DISTRICT # 3

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 multiple completed wells.