

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

DATE OF APPLICATION	
DISTRIBUTION	
NAME	
ADDRESS	
CITY, STATE, ZIP	
TRANSPORTED	
OPERATOR	
PRICE	

OIL CONSERVATION DIVISION

P. O. BOX 4289

SANTA FE, NEW MEXICO 87501

Form O-104
Revised 10-1-75
Printed 06-01-73
12345

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Meridian Oil Inc.	
Address P. O. Box 4289, Farmington, NM 87499	
Reasons for filing (Check proper box)	Notes (Please be specific)
☐ New Well ☐ Production ☒ Change in Ownership	Meridian Oil Inc. is Operator for El Paso Production Company

Message of ownership and address of producing owner: El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including formation	Area of Lease	Lease No.
Canyon Largo Unit HP	169	No Blanco Pictured Cliffs	State (Federal) Fee	SE 078835
Location				
Unit Letter	A	Foot From The	North	800
Foot From The	East			
Line of Section	6	Township	25N	Range
			6W	NMPU
				Rio Arriba

III. DESIGNATION OF TRANSPORT OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Name of Authorized Transporter of Natural Gas
Meridian Oil Inc.	El Paso Natural Gas Company
Name of Authorized Transporter of Gas	Name of Authorized Transporter of Oil
El Paso Natural Gas Company	Meridian Oil Inc.
Is well producing oil or liquids	Is well actually connected?
Yes	Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Part III and IV 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,
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

NOV 6 1986

APPROVED
37
TITLE SUPERVISORY DISC

This form is to be filed in accordance with Rule 10.1.1. If this is a request for allowable for a newly drilled or completed well, this form must be accompanied by a regulation of the well test taken on the well in accordance with Rule 10.1.1. All sections of this form must be filled out completely. Fill out only Sections I, II, III, and IV for changes in well name or number, or transportation, or other such change in condition. Separate Forms O-104 must be filed for each well in multiple completion wells.