## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
BANTA PE		Τ.	
FILE		Ι	
U.B.O.S.			
LANG OFFICE			
TRANSPORTER	014		
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OPERATOR			
PRODATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2028 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

I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Meridian Oil Inc.			
P. O. Box 4289, Farmington, NM 87499			
Respon(s) for filing (Check proper box)  Now Well Change in Transporter el:  Recompletion  Oil Dry Ges  for El Paso Production Company  Change in NCMMMMNO peratorship Casingheed Ges  Condensete			
If change of ownership give name El Paso Natural Gas Compa	ny, P. O. Box 4289, Farmington, NM 87499		
II. DESCRIPTION OF WELL AND LEASE			
Ripley 2Y So. Blanco Pic	C1445 (10.		
Location  B : 1065 Feet From The North Line and 1650 Feet From The East			
Line of Section 24 Township 27N Range	7W . NMPM. Rio Arriba County		
Meridian Oil Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gaz (X)  El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4289, Farmington, NM 87499  P. O. Box 4289, Farmington, NM 87499		
If well produces oil or liquids.  Give location of tants.  Unit , Sec. Twp. Rgs.  B 24 27N 7W	is gas actually connected? When		
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	OIL CONSERVATION DIVISION		
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.	APPROVED NOV 01 1986  BY 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 despense		
(Signature) Drilling Clerk  (Title) 11-1-86  (Quee)  (Signature)  well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with AULE 111.  All sections of this form must be filled out completely able on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes well name or number, or transporter or other such change of			
NOVELIES W. NOVELIES DIV.	Separate Forms C-104 must be filed for each pool in multiply completed wells.		