

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF LICENSES RECEIVED	
DISTRICT	
COUNTY	
FILE	
W.C.S.B.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**El Paso Natural Gas Company**  
Address  
**P. O. Box 4289, Farmington, NM 87499**

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>San Juan 27-5 Unit</b>	Well No. <b>133</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State: Federal or Fee <b>SF 079392</b>	Lease No.
Location Unit Letter <b>M</b> : <b>1150</b> Feet From The <b>South</b> Line and <b>1150</b> Feet From The <b>West</b> Line of Section <b>19</b> Township <b>27N</b> Range <b>5W</b> , NMPM, <b>Rio Arriba</b> 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"/> <b>Meridian Oil Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1599, Aztec, New Mexico 87410</b>
Name of Authorized Transporter of Gasohol Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4289, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks. Unit <b>M</b> Sec. <b>19</b> Twp. <b>27N</b> Rge. <b>5W</b>	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

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.

*Rogger L. Cook*  
\_\_\_\_\_  
(Signature)  
**Dwelling Clerk**  
\_\_\_\_\_  
6-1-86  
\_\_\_\_\_  
(Date)  
**JUN 11 1986**  
**RECEIVED**

OIL CONSERVATION DIVISION  
APPROVED **JUN 11 1986**  
BY *Frank J. Quigg*  
SUPERVISOR DISTRICT # 3  
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 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 multiply completed wells.