

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

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:	Other (Please explain) Meridian Oil Inc. is Operator for El Paso Production Company
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership Operatorship	<input type="checkbox"/> casinghead Gas	
	<input checked="" type="checkbox"/> Dry Gas	
	<input checked="" type="checkbox"/> Condensate	

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

Lessee Name San Juan 27-4 Unit	Well No. 135	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. SF 079527
Location				
Unit Letter <u>B</u>	<u>1030</u>	Feet From The <u>North</u> Line and <u>1660</u>	Feet From The <u>East</u>	
Line of Section <u>36</u>	Township <u>27N</u>	Range <u>4W</u>	NMPM, <u>Rio Arriba</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corp.	P. O. Box 8900, Salt Lake City, UT 84110
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input type="checkbox"/> When <u> </u>
Unit <u>B</u> Sec. <u>36</u> Twp. <u>27N</u> Rge. <u>4W</u>	

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)
Drilling Clerk
(Title)
11-1-86
(Date)

OIL CONSERVATION DIVISION

NOV 01 1986

APPROVED , 19
BY
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 multiply completed wells.

NOV 01 1986
OIL CON. DIV.
DIST. 3