

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2018
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-82
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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I. Operator
Meridian Oil Inc.

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

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☐ Recombination	☐ Oil	Meridian Oil Inc. is Operator
☒ Change in Ownership/Operatorship	☐ casinghead Gas	For El Paso Production Company
	☐ Dry Gas	
	☐ 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

Lease Name Ha-Sosa	Well No.: Pool Name, including Formation 1 Ballard Pictured Cliffs	Kind of Lease State/Federal/Free	Lease No.
Location			
Unit Letter C	1000 Feet From The North	Line and 1745	Feet From The West
Line of Section 31	Township 26N	Range 6W	NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

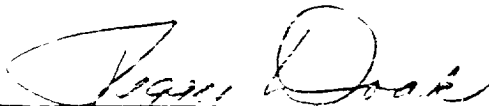
Name of Authorized Transporter of Oil Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit C	Sec. 31
Twp. 26N	Rgs. 6W

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

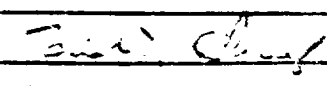
NOTE: Complete Parts IV and V on reverse side if necessary.

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 _____
BY 
TITLE SUPERVISION DISTRICT # _____

This form is to be filed in compliance with RULE 10.1.
If this is a request for allowable for a newly drilled or completed well, this form must be accompanied by a tabulation of the density tests taken on the well in accordance with RULE 10.1.
All sections of this form must be filled out completely for a payable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, 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.