

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership or Operatorship	<input type="checkbox"/> Casinghead Gas	

**Other (Please explain)**  
Meridian Oil Inc. is Operator for El Paso Production Company

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**

<b>Lease Name</b> Huerfano Unit	<b>Well No.</b> 184	<b>Pool Name, including Formation</b> Basin Dakota	<b>Kind of Lease</b> State, (Federal) or Fee	<b>Lease No.</b> NM 01365
<b>Location</b>				
Unit Letter	P	800	Feet From The	South
Line of Section	11	Township	26N	Range
			10W	NMPM,
			San Juan	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or <b>Condensate</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or <b>Dry Gas</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Is gas actually connected?</b> <input type="checkbox"/> when <input type="checkbox"/>
Unit: P, Sec.: 11, Twp.: 26N, Rge.: 10W	

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.

*Reggie Dook*

(Signature)

Drilling Clerk

(Title)

11-1-86

(Date)

OIL CONSERVATION DIVISION

NOV 01 1986

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY *John D. Shum*

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 deviated 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 multiple completed wells.