STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL		
	948		
OPERATOR			
PROBATION 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

LAND OFFICE				.0 07301	00 .00	ing. Maria digerang
TRANSPORTER GAS		REQUEST F	OR ALLOWA	ABLE	Nou	
PROBATION OFFICE	AUTHO	RIZATION TO TRAN	AND SPORT OIL	AND NATURAL	GAS 0// 00/01/	986
Meridian Oil Inc.					Jer a	0/1/
P. O. Box 4289, Fa	rmington, NM	87499	<u> </u>	**************************************		
Rooson(s) for filing (Check proj	er bez/			Other (Please explo	IIA)	
New Voll Recompletion X Change in/District/Que/	ou		Dry Gas Condensate	Meridian O for El Paso	il Inc. is Opera o Production Com	tor pany
If change of awnership give n and address of previous owner	El Paso Na	itural Gas Comp	any, P.	O. Box 4289,	Farmington, NM	87499
II. DESCRIPTION OF WEL						
Lease Name	Well No.	Pool Name, including	Formation	Kins	ai Lease	Legge No
Huerfano Unit	243	Basin Dakota		Stelle	(Federa) or Fee SF	078372
Unit Letter E	<u>.</u>	om The North	20W	0 FH	San Juan	Count
III. DESIGNATION OF TR	ANSPORTER OF	OIL AND NATURA	L GAS			
Name of Authorized Transporter	or Cir or C	or Condensate 🛣 Andress (Give address to which approved copy of this form is			rm is to be sent)	
Meridian Oil Inc.			P. O.	P. O. Box 4289, Farmington, NM 87499		
Name of Authorized Transporter	•	or Dry Gas 📆	Address (G	ive address to which	A approved copy of this for	m is to be sent;
El Paso Natural Gas		 			Farmington, NM 8	7499
If well produces oil or liquids, give location of tanks.	E 3	1	is gas detu	ally connected?	When I was the state of the sta	
f this production is commingi	ed with that from a	ny other lesse or pool,	, give commi	ngling order numb	er	
NOTE: Complete Parts IV	and V on reverse.	side if necessary.				·
71. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION NOV 0.1 1986			
hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of ity knowledge and belief.			BY 19			
			TITLE	SHDERV	TSTAN DISTRICT #	5 TR

Jegn Joak
(Signature) Drilling Clerk
(Title) 11-1-86
(Date)

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 AULS 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.