## STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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## 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

AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL GAS	
Operater		
El Paso Natural Gas Company		
P. O. Box 4289, Farmington, NM 87499		
Resear(s) for liling (Check proper box)	Other (Piense expinus)	
Now Well Change in Transparier els	· · · · · · · · · · · · · · · · · · ·	
	Dry Ges X Condenses	
If change of ownership give name		
II. DESCRIPTION OF WELL AND LEASE	_	
San Juan 28-6 Unit 94 Basin Dako	4480 NG.	
Location		
Unit Letter B : 990 Feet From The North	Line andFeet From The	
Line of Section 36 Township 28N Range	6W Rio Arriba	
San of contrast American	, AMPM, Caunty	
M. DESIGNATION OF TRANSPORTER OF OIL AND NATU	RAL GAS	
	P. O. Box 1599, Aztec, New Mexico 87410	
Meridian Oil Inc.  Name of Authorized Transporter of Casingheed Gas ar Dry Gas 3	Address (Give address to which approved copy of this form is to an sent)	
Northwest Pipeline Corporation	P. O. Box 8900, Salt Lake City, Utah 84110	
tf well preduces oil or liquids, give location of tense.    Unit   Sec.   Twp.   Res.		
If this production is commingled with that from any other lease or pr	ool. give commingling order number	
NOTE: Complete Parts IV and V on reverse side if necessary.		
	11	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION 11 1986	
hereby certify that the rules and regulations of the Oil Conservation Division here complied with and that the information given is true and complete to the bes	APPROVED	
ny knowledge and belief.	Dranked.	
	TITLE	
agan book	This form is to be filed in compliance with RULE 1164.  If this is a request for allowable for a newly drilled or despend	
(Signature) Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.	
(Tule)	All sections of this form must be filled out completely for allow-	
1-86	Fill out only Sections I. II III and VI (se sharms of	
10 EN BE	west name of number, of transporter, of other such change of condition.	
	Separate Forms C-104 must be filed for each poet in multiply completed wells.	
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