STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTE	0#	1	ī
SANTA FE			
PILE			
U.4.Q.A.			П
LANG OFFICE			
TRANSPORTER	016		
	0.48		
OPERATOR.			
PRORATION 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. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
Meridian Oil Inc.		
P. O. Box 4289, Farmington, NM 87499		
	Meridian Oil Inc. is Operator for El Paso Production Company	
If change of awnership give name E1 Paso Natural Gas Compand address of previous owner E1 Paso Natural Gas Compand	any, P. O. Box 4289 , Farmington, NM 87499	
II. DESCRIPTION OF WELL AND LEASE [Lease Name Well No. Pool Name, including F		
	Pictured CliffsState, foderal of Fee SF 077875	
Unit Letter I 1650 Feet From The South	ne and990Feet From TheEast	
Line of Section 17 Township 27N Range	10W NMPM. San Juan County	
Meridian Oil Inc. Name of Authorized Transporter of Casinghed Gas or Dry Gas X El Paso Natural Gas Company If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks. I 17 27N 10W	P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499 Is gas actually connected? when	
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.	11	
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.	OIL CONSERVATION DIVISION	
	APPROVED NOV 111 1480 . 19	
Degan Look	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	
(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.	
(Title) 11-1-86	All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)	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.	

DIV

107/01/086